

GIVE THE CHILDREN IN IRAQ

NON-GOVERNMENTAL ORGANIZATIONS CONFERENCE
BAGHDAD 28-30/4/1992



SAVE THE CHILDREN IN IRAQ

**PAPERS SUBMITTED TO THE NON-GOVERNMENTAL
ORGANIZATIONS CONFERENCE , HELD IN BAGHDAD
BETWEEN 28-30 / 4 / 1992 .**

ACKNOWLEDGMENTS

The Arab Emergency Health Committee is deeply thankful to the human organizations and all those who helped us, for their interest, and support by moral , material works and great help for holding the conference of the Non-Governmental Organizations which succeeded in presenting the human suffering of the Iraqi people in general and their children in particular . The conference was held in Baghdad - Iraq between 28-30/4/1992 , under the motto of

" SAVE THE CHILDREN IN IRAQ "

which sheds light on health, food, and medical situations, sanctions , human rights and environment in Iraq after the Gulf war .

Due to the importance of these subjects and its effects on human rights, the conference had advised the Arab Emergency Health Committee to collect all the researches and studies which were submitted to the conference in a book, in Arabic and English , to be a reference to those who are intersted in such topics .

We are also grateful to all who gave support for achieving this book in both languages , Arabic and English .

Dr. H.KHREIS



AEHC - An Independent Non-Governmental Organization

The Arab Emergency Health Committee is an independent non-governmental organization, and therefore its funding comes from financial and material contributions, scientific and technical aid from Arab and international humanitarian organizations, as well as direct popular donations and charitable fund-raising activities .

The Arab Emergency Health Committee

The Arab Emergency Health Committee (AEHC) was founded in Amman on January 16, 1991 in response to an appeal by Dr. Hasan Khreis Secretary General of Arab Medical Union and the participation of several organizations working in the health medical and social fields to provide emergency humanitarian and medical relief to the citizen of the Arab countries and the whole world, regardless of religion, race,sex, or nationality .

The AEHC was formed to deal with the many human tragedies that have affected people in the Arab countries as a result of wars and natural catastrophes .

Headquarters and Branches

The Building of the Jordanian Professional Associations in Amman was chosen to house the headquarters of the AEHC Executive Committee offices, while regional branches were established in Iraq, Algeria, Tunisia and Libya, where emergency voluntary work began .

Appeal

The AEHC appeals to all people of conscience, medical, humanitarian and charitable institutions to contribute generously towards funding the humanitarian activities of the Committee through the following channels :

- Direct financial contributions .
- Contributions of pharmaceuticals, medical equipment and pediatric nutritional requirements .
- Scientific and technical emergency advice and assistance and training of emergency relief teams .
- Provision of specialised emergency field medical equipment .
- Facilitation of procedures in the country of origin for the dispatch and delivery of humanitarian aid materials .

Address

Tel . : 665620 / 666161 Amman - Jordan
Fax. : 00962-6-699257
Telex : 22496
P.O.Box : 915 Amman-Jordan
Add. : Jordanian Professional Associations BLDG.
Amman-Jordan

Environmental Problems Affecting Agriculture, Water, and Industry

Mr. Ross Mirkarimi
Arms Control Research Center - California

INTRODUCTION

With the oil well fires now extinguished, the environment of the Persian Gulf faces a new threat: complacency. There is a very real danger that the international community will feel less urgency in maintaining an ongoing response to the region. Nevertheless, research conducted by the Arms Control Research Center and other international teams indicates that the Gulf region has been transformed into an ecological disaster zone that will continue to affect the quality of life in the Persian Gulf for quite some time.

This complacency is not entirely undesired or discouraged. A number of the parties involved in the Gulf War are anxious to put the environment behind them. But, sadly, much more remains to be done to restore the regional environment to its former level.

Of all the environmentally damaged states in the Gulf region the least is known about Iraq. Despite numerous international missions to that country, surprisingly little has surfaced about many critical environmental issues and many questions remain. **For example what are the effects of:**

- * Bombing hundreds of textile factories, petrochemical and oil refineries.
- * Bombing chemical, biological and nuclear facilities, which could trigger contamination to both human and environment in Iraq.
- * Massive troop movements, heavy bombardment, and unexploded ordnance on Iraq's already fragile desert ecology. Will its sparse wildlife be further endangered due to competition for limited resources?

What is known is that as many as 70,000 children died by the end of 1991 from malnutrition and disease. According to a report from the International Study Team (Harvard Study Team Two) in Iraq last September. These children will die from the delayed effects of the Gulf Crisis... The immediate cause of death in most cases will be waterborne

infectious disease in combination with severe malnutrition. " The residual impacts of the war and Iraq's inability to stave its consequences due to sanctions, will continue to result in a high mortality rate for children.

The Arms Control Research Center provided the environmental analysts for the International Study Team's investigation of the impacts on Iraq as a result of the war and sanctions. We were able to make assessments about the agricultural impacts and waterborne diseases, but we were only able to make preliminary observations of the impact of bombing industrial facilities, unexploded ordnance, and the impact on the desert ecology-the flora and fauna.

Another major issue we were not able to adequately investigate was the effects of the bombing of Iraq's chemical, biological, and nuclear installations. Some chemical impacts were reported early in the war, but the trail is growing cold.

None of the international planning documents evaluating Gulf regional assistance appear to deal with specific issue of chemical impacts nor the general issue of the Iraqi environment.

What we know is that the environmental consequences of the Gulf war did not remain limited to the combat zone alone. Unless proper analysis is conducted for preventing the war's long term effects, tens of thousands of hapless civilians, as far as a thousand miles away, could become " collateral casualties." It is quite likely that yet unborn children of the region may be asked to pay the highest price, the integrity of their DNA.

This report does not aim at playing politics nor crying wolf. Rather it is intended to remind the international community that environmental protection and military activities are incompatible. The Gulf War demonstrates the need for the international community to set up a mechanism to cope with the ecological damage arising from armed conflicts. In addition, this is an academic study providing accurate baseline data on the conditions affecting the Iraqi civilians as a result of the Gulf War, civil strife, and economic sanctions.

SYNOPSIS

Prior to the Gulf Crisis, Iraq's enjoyed a modern civilian infrastructure with sophisticated health care, water and sewage treatment, and electric power systems. These systems have collapsed since the commencement of hostilities in the Persian Gulf. Adequate

repair and reconstruction is not possible under UN sanctions, which have crippled the country's economic activity.

Iraq's electrical system, the backbone of the country is operating between 40 to 70 percent capacity as of spring 1992. Outside Baghdad, electrical stability is precarious because Iraq is forced to cannibalize spare parts for makeshift repairs.

The dismantling of Iraq's electrical generation ignited a reaction that has rendered the following: the agriculture industry is crippling along due to an undependable network of irrigation pumps; food processing and manufacturing are at an all time low; Water and sewage treatment plants are hampered by intermittent power supply, lack of spare parts, and insufficient chlorine for treatment purposes. Outside Baghdad, water and sewage treatment has been reduced to 1/3 to 1/2 of pre-war capacity.

The results are evident throughout the north and south in the raw sewage that flows into houses, streets, and rivers.

Bacteriological analysis conducted by the International Study Team in September found that over half of the population tested in 15 Governorate were exposed to fecal contamination in their drinking water. This provides a direct pathway for pathogens, leading to epidemic levels of waterborne diseases.

Periodic reports from international relief agencies like UNICEF in March, 1992, remind us that despite concerted relief work to alleviate the sufferings of the Iraqi population, there is marginal improvement in the plight of vulnerable children and lactating mothers. The general situation in Iraq remains to be as critical as it has been in the immediate aftermath of the Gulf War.

The extent of infrastructure damage and sanctions will continue to cause a health catastrophe of immense proportions. Clinical forms of severe malnutrition such as Kwashiorkor and Marasmus, virtually unheard of before the war are widespread; and water-borne diseases, such as Cholera, Gastroenteritis and Typhoid may reach epidemic proportions this summer like in the warm months of 1991.

Many of Iraq's textile factories and oil storage refineries were bombed during the Gulf war. These attacks created clouds of toxic pollution that forced the evacuation of hundreds of civilians. The contamination also killed countless birds, destroyed marine life and caused the deaths of deer and elk in the north. Crops were poisoned by the black rains that fell from the smoke-filled skies.

Despite the airborne environmental health hazards, air quality is still not being properly monitored. The Iraqi government knows that it must either allow its damaged factories to pollute because it cannot replace the simple pollution-control technology it had before the war, or shut the factories down and risk further economic collapse. The stew of contaminants makes breathing a hazardous undertaking. The number of Iraqi's suffering from respiratory problems are up sharply. The children and the elderly are particularly at risk.

The desert landscape and southern Iraq is now covered with tons of military debris-abandoned vehicles, unexploded ordnance and toxic materials such as heavy metals. Anti-tanks shells containing depleted uranium (DU) litter the desert and severely damage the ecosystem.

Needless to say, after one fact finding mission and six months of subsequent research , we still have more questions than answers.

AGRICULTURE

Prior to the war, 28 million donams of cultivated land yielded an annual harvest that satisfied 30 percent of Iraq's domestic food needs. The rest was imported, primarily from the United States, New Zealand, and Australia. In September, 1991 the International Study Team concluded that agriculture production declined 75 to 80 percent due to severe disruption of the electric power system and sanctions.

It was determined that fields could not be properly irrigated because the electricity reliant network of pumps and floodgates ceased to operate when electricity was cut off. Furthermore, extensive flooding caused by lack of electricity in irrigation system drainage pumps resulted in an increase in soil salinity and a corresponding loss in productivity and soil fertility .

We determined that saline deposition is minimized by: (1) short period of inundation, maximizing salt concentration through evaporation and; (2) in many areas, extensive field drainage systems called Mabazels. This electric dependent drainage system curbs soil salinity and regulates the water level by pumping water through a field drainage system. When the field is inundated with water, it leaches through the soil to the subsurface field drains, and relatively saline water is removed from the soil by the field drainage system. The relatively saline waste water is discharged to the marshes located between the Tigris and Euphrates, and not back to the rivers.

The irrigation network was reported working at 40 to 50 percent of pre-war capacity. This data was based on observation of damaged facilities as well as interviews with local agriculture officials, and farmers.

At that time, sanctions prevented but a fraction of pesticides, fertilizers, seeds, and farm equipment from entering the country. Aerial crop spraying was not allowed.

The 1991 harvest suffered tremendously. The self sufficiency quotient for crop production dropped from 30 percent to approximately 15 percent. Iraq became dependent on international relief. Our predictions from the Harvard Study Team mission in September, stated that unless sanctions are amended, we shall witness the plummeting of Iraq's 1992 harvest and food supply.

Updated reports tell us that domestic food production in the spring of 1992 will be seriously constrained by a number of diverse factors. These factors include:

- 1) Only partial restoration of power supplies to the agriculture sector.
- 2) War-damaged irrigation and drainage systems which are unlikely to be restored in the near future.
- 3) Acute shortages or non-availability of animal feed, veterinary drugs, vaccines and equipment which have resulted in a virtual cessation of poultry production and a continued decline in livestock numbers.
- 4) Acute shortages or non-availability of essential agricultural inputs, for example, seeds, pesticides, fertilizers, and spare parts for agricultural machinery.

According to a recent FAO-Iraq report, the import requirements for the emergency rehabilitation of the main sectors of agriculture (staple food crops and livestock) for one year (spring 1991-spring 1992) has been estimated by the UN Inter-Agency Mission at US \$500 million for the purchase of fertilizers, seeds, pesticides, agricultural machinery, etc. At the same time, the mission considered a scenario for a greatly reduced overall level services, at a cost of US \$300 million, to cover only the most essential agricultural inputs for the 1991/92 season.

However, under the arrangements approved by the Security Council, it will not be possible for Iraq to import even this reduced level of inputs. Unless special measures are taken to allow the importation of these goods. The Iraqi Ministry of Agriculture's 1991/92 planting target for wheat, barley and soy have been down between 25 to 34

percent from the previous year's level.

The continued decline in agricultural will lead to severe forms of malnutrition. Children will be hit the hardest. There will be further unemployment and a greater dependence on food imports, which even in exceptionally good years accounted for 70 percent of national food requirements. The paradox here is that Iraq is not allowed to exercise their purchasing power to acquire these essential food items.

More than half of Iraq's livestock population of cows, buffalo, goats, and sheep has perished as result of the bombings, the spread of livestock diseases, the lack of veterinary medicine and the theft of livestock supply to the black market. The situation has not improved since we reported that statistic in September, 1991.

WATER

Prior to the Gulf Crisis, Baghdad, for example, received 450 liters per person perday supplied by seven treatment stations purifying water from the Tigris river. The rest of the country had about 200-250 liters per person per day, purified and supplied by 238 central water-treatment stations and 1,134 smaller water projects. All stations operated on electric power; about 75 percent had standby diesel-powered generators. Sewage was treated to an acceptable standard before being returned to the rivers.

Most of Iraq's 18 million people has directly exposed to water-borne disease in their portable water supply. Each sample that was tested during the September 1991 investigation, was tested for coliform or fecal contamination. The results were 156 positive for gross coliform contamination, 25 confirmed negative, and 27 unconfirmed negative. Roughly half the areas tested, weighted according to population density, showed positive evidence of gross fecal contamination.

Only in Baghdad, where coliform media sampling was used, did over half the samples test negative. Team members documented unsanitary water sources and waste disposal conditions in all cities surveyed. Common conditions observed included: (1) Solid waste accumulating in the streets due to the lack of collection and landfilling equipment, (2) raw sewage overflows in the streets and around homes, (3) raw sewage being dumped directly into rivers due to impaired or inoperable wastewater treatment plants, (4) children bathing and playing in these rivers, (5) people with little to no tap water supply because

impaired or inoperable water treatment and distribution plants cannot generate adequate line pressure, (6) people drawing drinking water directly from the rivers, and (7) people drawing drinking water from water holes dug in watermains, which are often contaminated by cross-connections from adjacent sewage pipes.

We found that direct sewage contamination of water supplies results from two primary causes: inadequate chlorinating of discharges or bypassing treatment entirely; and contamination through breaks in the watermains.

Over 60 percent in seven of the nine governorate surveyed did not have tap water available in their homes because of low water supply system pressure. The low pressure is caused by the lack of spare parts to maintain pumps, power outages and breaks in the watermains.

Another problem that will undoubtedly repeat itself during the summer of 1992, is Iraq's climate. The temperatures often reach 50 degrees Celsius during the hot months. This two has implications: (a) the quantity of water must be increased and a minimum target of 50 liters per person per day has to be attained... and (b) the heat will accelerate the incubation of bacteria and a minimum target of 50 liters per person per day has to be attained...and (b) the heat will accelerate the incubation of bacteria and thus the health risks ascribable to the water quality (already at an unacceptable level) will further exacerbated- especially viewed in the overall sanitary circumstances which have already led to a fourfold increase in diarrheal incidence among children under five years of age, and the impact of this on their precarious nutritional status.

While conditions in Baghdad have improved considerably in the year after the Gulf War, other regions still remain in critical condition, especially in the south.

The goals for improving water conditions will require the following: (1) The purification of drinking water. (2) The increasing of the quantity of water pumped daily by water treatment stations to meet the minimum emergency requirements. (3) The repair of damaged distribution networks (4) The installation of stationary and mobile sewage pump networks. Our mission concluded then and we conclude now, that a catastrophe could be heightened at any time if conditions do not change. International relief agencies cannot continue to supply Iraq with the material assistance necessary to remedy the waterborne disease threat.

INDUSTRIAL DAMAGE

The dismantling of Iraq's oil storage refineries and factories such as asbestos, pesticide, fertilizer, etc. had resulted in a significant pollution effect that caused the evacuation of thousands of people during the burning of potentially carcinogenic (cancer causing) materials. Iraq has a population that suffers from an inordinate amount of respiratory diseases such as asthma and bronchitis. Respiratory problems were heightened and some times fatal for children who couldn't endure the pollution.

Some examples of these damaged factories that emitted heavy metals and potential carcinogens into the atmosphere were the following:

A) The Basra Oil Refinery

It was clustered bombed in the first three days of Gulf hostilities. The burning factory forced hundreds of families to evacuate their homes and seek refuge until their environmental health was no longer in danger. Some workers and family members in nearby homes were killed by the bombs. Others died in the clouds of suffocating smoke that poured from the massive fires. Shortly after the cessation of hostilities, it was reported that the refinery spewed 250,000 cubic meters (8.8 million cubic feet), contaminating 1.5 square miles with oil. Not only did the flora and fauna succumb to the contamination for months after the war, but scarce sources of groundwater, critical for irrigation, become affected.

B) X Electrical Power Plant

- Type of Industry: Power Generation. Steam Generator Plant and Gas Turbine.
- Data of Attacks: Five attacks between 27 January, 1991 and 19th February, 1991.
- Level of Damage: Both generator and turbine suffered more than 70 percent destruction.
- List of material damaged and emitted into the air, water and soil:
(1) Gasoline-910.36 cu. meters (2) Naphtha - 283.8 cu. m (3) Crude Oil - 3,240.6 cu.m (4) Emulsifier/RI 32-16.5 cu.m (5) Tofloc 300- . 200 cu.m (6) Sulfuric Acid 99.6% dozen liters.
- Burning of plant was for several days. - Environmental Impacts:
1) Hydrocarbons, SO_x, CO_x, NO_x, and H₂S were emitted in

- large quantities into the atmosphere.
- 2) The split oil and chemical from both tanks and 9 transformers contaminate the soil and water in nearby water sources.
 - 3) The solid waste generated from the damaged equipment, concrete and fiber glass caused respiratory for workers and local community.
 - 4) Indeterminable effects: Black rain mixed with hydrocarbons will cause accelerated erosion of soil and contaminate water systems.

C) North Oil Retreating Plant

- Type of Industry: Petroleum Refining
 - Location: 12 Km NW Kirkuk
 - Level of Damage : Bombed 28 January, 1991 . 60 percent damaged.
 - Material released into the water, soil and air: (1) 10 bbl of Tetra Ethyl Lead (TEL) (2) 2 bbl of Hydrazone (Carcinogenic-causes lung cancer).
 - Environmental Impacts:
 - 1) The water treatment unit was destroyed thus untreated water is discharged into quality water streams . Consulted water streams become contaminated if not constantly monitored.
 - 2) A high concentration of sulfur, roughly 2.5 tons burned for over a month. Pollution caused the deaths of several hundred birds .
 - 3) Damaged oil storage tanks either leaked or burned for 30 days.
 - Gaseous emissions-Co, Sox, Nox, H₂s, ... etc. {See Appendices}
- Short Term Impacts-calculated for one year: Water pollution from untreated waste and acid rain.
- Long Term Impacts: Further analysis on semi-operational plant and air quality, acid rain; and underground contamination by oil pools on soil and water sources-probable aquifers.

D) Baiji Oil Refinery Complex

- Industry: Oil Refinery located 40 Km N Tikrit.
- Level of Damage: Six direct hits from 22 January to 9 February,

1991. 90 percent damaged. Plant is 30% semi-operational (10-9-91)

- Materials emitted into the water, air and soil: Tetra Ethyl Lead (TEL), M.a.K., Toulene, and different types of catalyst.
- Environmental Impacts:
 - 1) Chemical warehouse were bombed and a number of substances burned for several weeks. Impact requires further analysis.
 - 2) Waste water treatment plant was destroyed thus untreated water is discharged into quality water source.
 - 3) Anecdotal information from residents and farmers living 10 to 25 Km northeast corroborated our information that heavy rains in the spring of 1991 consisted of a black oily substance-"black rain."
 - 4) Gaseous emissions: CO, SO₂, SO₃, NOX, C₁₂ Lead Oxide, and H₂S. A sulphur recovery plant was bombed, thus large quantities of H₂S were emitted into the atmosphere. * 20 soil samples were taken and 4 water samples.

E) Baby Milk Factory

- Type of Industry: Food/formula, 20 Km W of Baghdad.
- Level of Damage: Two separate attacks on the 20th and 21 st of Janauary, 1991 . 100% destroyed.
- Materials emitted into air, water and soil: Lubrication oils, grease, CFC's-12 (freon refrigeration cylinders), large quantities of fiber glass.

- Environmental Impacts:

- 1) Fiber glass. caused severe itching and respiratory problems to the workers and local residents.
 - 2) Large quantities of CFC's emitted into the atmosphere. Only elementary test have been conducted.
 - 3) Oils and grease equal COx, SOx and NOx emissions.
 - 4) There was no evidence that suggested that this factory coupled as a chemical, microbe weapons manufacturing plant.
- * 3 powder formula test and 4 soil test were conducted. Nothing significant.

Other factories such as the Basra Petro Chemical Plant, largest

producer of chlorine in Iraq at 45,000 tons per year were destroyed as being suspect of doubling their production line for military weapons purposes. Interviews with workers and local residents corroborate each others story that it was impossible to convert a manufacturing plant of this kind two weeks before it was bombed. The Loomis - USA employees worked at the factory until two weeks before it was destroyed.

It is important to note that many factories went unscathed , yet they still create a health hazard due to their relaxed administration of pollution control. The Iraqi Environmental Protection Center under the Ministry of Health, tried to enforce some standards for factories that were unfriendly to the environment. All efforts to encourage industrial-ecological responsibility dissipated since sanctions restrict Iraq from purchasing pollution control technology such as scrubbers, filters and chlorine. Both war and sanction related damage warrant more sampling in order for us to acquire a conclusive picture.

DEPLETED URANIUM

When the Pentagon radically revised its tally of deaths from "friendly fire" during the summer, 1991 , it did so after testing vehicles damaged and destroyed during the Gulf War for radiation. Depleted uranium shells, left a telltale radioactive residue in the ruins of the military vehicles they hit. Since the U.S. and British are the only militaries to use depleted uranium (DU) in their anti-tank munitions, the Pentagon was forced to concede that at least 35 of the 148 U.S. soldiers killed in battle during Operation Desert Storm were victims of fire by their fellow soldiers. A confidential report by the United Kingdom Atomic Energy Authority (AEA) said that at least 40 tons of DU were left behind by Allied armies.

The report calculates that there is enough uranium in Kuwait and southern Iraq to cause "tens of thousands potential deaths." The report, prepared in April was revealed in November, 1991 by the Independent, a British newspaper.

DU DANGERS

The danger comes not only from a direct attack by DU shells. The uranium particles spread by the war pose a longterm health threat in and around the former combat Zone. People in the Gulf region who lived

for months under the cloud of smoke from the oil well fires and industrial pollution, face a longer-term additional airborne hazard from uranium particles. The AEA, while saying that the tens of potential thousands deaths was an "obviously not realistic" theoretical figure, added that the volume of uranium in the desert does "indicate a significant problem."

DU is the byproduct of the uranium enrichment process for nuclear reactors and nuclear weapons production. These industry's use uranium 235. During enrichment, the percentage of U-235 (a more radioactive and less stable form of U-238, which predominates in natural uranium, as "waste." DU consists of 99.8% U 238, which decays slowly, emitting primarily alpha radiation.

In a deadly form of recycling, the DU is molded into the armor-penetrating shells fired by M-1A1 tanks, A-10 attack planes and Apache helicopters. DU is also used to harden the armor of Bradley fighting vehicles. Ironically, in the Gulf War only DU shells pierced M-1 tanks DU-hardened armor.

The dangers of DU are several-fold. According to the military, troops in vehicles loaded with DU4 shells receive the equivalent radiation dose of about one chest x-ray every 20 to 30 hours. While within the Nuclear Regulatory Commission (NRC) limits for civilian exposure, experts generally agree that any radiation exposure poses a risk to health.

DU is especially dangerous when inhaled, or enters the body through a wound or by swallowing. While U 238's alpha radiation does not travel far (a piece of paper on the skin can stop it), it can cause a great deal of damage once in the body, where it can cause cancer and genetic defects. Unlike an X-ray, which provides a brief exposure, the radiation from uranium continues to assault the body's cells and their nuclei. Children are especially vulnerable, because their cells are dividing rapidly as they grow. In addition to its radioactive dangers, uranium is chemically toxic like lead. The body deals with uranium like calcium. Large doses can damage kidneys or the lungs. The uranium is permanently deposited in the bones and cross the placenta.

The military, convinced that DU poses little threat, is taking no initiative to monitor the health effects of the use of DU, much less estimate the long-term impact of their production and use. Congress, concerned about exposure to oil fires in the Gulf has ordered the military to set up a registry of GI's exposed to the smoke, but has taken no such

initiative on DU exposure. The army said any concentration of DU in Iraqi vehicles (which do not use DU in their armor) left in the desert would be small. "The DU would have oxidized and blown away," said one spokesperson.

The AEA's offer to develop a DU clean up plan has yet to be accepted, despite warnings that DU "requires sensitive equipment and well-trained operators as it is difficult to locate."

UNEXPLODED ORDNANCE

In common with many battlefields of this century, Iraq and Kuwait are littered with unexploded bombs and mines that will long pose threat to human life. Iraq emplaced an estimated one million mines in and near Kuwait. The Allies dropped over 90,000 tons of bombs on the combat zone. Many were cluster bombs which disperse hundreds of small bomblets. Artillery, naval ships and tanks fired additional shells. Not all the ordnance exploded: "At least 600 bombs, rockets and artillery shells dropped or fired every day of the war will have failed to explode and thus constitute a continuing hazard somewhere in the former combat zone," one expert told the Washington Post.

GI's, while stationed in northern Iraq, were told not to give children presents. Kurdish culture requires them to reciprocate and some have been wounded when picking up shiny cluster bomblets to give as gifts.

Special equipment and training are needed to find and render harmless many of the sophisticated weapons that the U.S. -led coalition rained on Iraq and Kuwait. The randomness of the bombing adds to the difficulty of the task. While the Kuwaiti government estimates it will take two or three years to clear unexploded ordnance in their country, teams working on the job say it could take decades. No international operation to clear unexploded ordnance in Iraq has been established. Some areas away from populated and industrial centers, may ultimately have to be fenced off.

RECOMMENDATIONS FOR THE GULF REGION

- 1) All available data on the environmental impacts of the Gulf War, whatever their source or political implications, should be made available to all interested parties. International programs to do so should be adequately funded.

- 2) International organizations require adequate funding in their efforts to assess the environmental damage to the region, to monitor the effects of the war and to cleanup the region.
- 3) Investigations into the environmental impacts of the Gulf War need to look at the entire region. All studies need to look at the impacts on all nations in the Gulf region, including Iraq which so far have received little attention. Wider effects, including potential effects on the sub-Asian monsoons and global impacts, need to be investigated with an open mind.
- 4) Lift economic sanctions against Iraq in order to prevent further punishment to the Iraqi people. Politics and humanitarianism must be de-linked so that Iraq can repair its infrastructure.
- 5) Regional agreements among all the relevant governments to manage and monitor war-related and other environmental problems in the Gulf are encouraged to be established and binding.
- 6) The time is now to implement United Nations Resolution 44/224, approved in late 1989. This resolution created a UN Center for Urgent Environmental Assistance to "strengthen international cooperation in monitoring, assessing or anticipating environmental threats."
- 7) An additional protocol to the Geneva Convention explicitly banning the use of the environment as a weapon and severely curtailing incidental environmental damage during armed conflict should be written. An independent international body should automatically evaluate the behavior of all sides in a war in light of international law, including the use and abuse of the environment. The U.S. is long over due in signing the 1977 Protocols to the Geneva Convention.

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Author: Ross B. Merkarimi, Environmental Analyst for the Arms control Research Center based in SANFRANCISCO, CALIFORNIA Ross went to Iraq with the International study team.

Effect of Sanctions and Aggression on Water and Sewage in Baghdad

Dr. Jabero - Iraq

D.C. Water and Sewage

Water Supply:

The aggressors did not have to hit directly any water supply treatment plants. Rather, they destroyed all three centres of Chlorine production, destroyed the only source of Aluminium Sulphate production, destroyed Electrical Power and prevented supply of gasoline fuel. So they stopped completely the treatment of Water.

Production before aggression was 520 million M3/Year

Production during aggression year was 120 million M3/Year.

Coupled with this, the rockets and bombs caused the breakage of network in more than 6750 places which caused a great amount of wasted treated water.

As a result of shortage of chlorine, Prechlorination was reduced to less than 2mg. The percent of failure in bacteriological and chemical test on water exceeded 5%.

Sewage:

Due to failure of electricity, 262 pump stations and two treatment plants were completely stopped and the sewage flew over ground covering about 10% of Baghdad area and many houses were filled with sewage. 216 pump stations were destroyed, 470 places on the network suffered major damage.

Failure preventing sewage flow resulted in 10 million M3/month of untreated sewage was thrown and discharged to Tigris River directly polluting it severely .

Eye Witness Report of the Condition of Children's Hospitals In Iraq

Dr. M. Fakhoury & Mr. K. Fakhoury
Direct Assistance Organization/Germany

Ladies and Gentlemen

Thank you that you allow me to speak to you .

It is not possible to present a scientific report or give numbers to cover all the suffering of the people , just they want to give you an impression of what we heard and saw during our few visits to Iraq shortly after the war and a few months later.

You read and heard a lot of reports and also a lot of the fabricated lies which were distributed through the different kinds of media to cover up for this unjust embargo and war. Perhaps the truth will never be told about why the Iraqi people had to go through all this suffering which started months before the war and still continues.

To understand the problem better I have to make a few remarks about the health system in Iraq. It consisted of a widely distributed network of 131 hospitals and 851 health centers. About 90% of the population was covered by it throughout the country . The hospitals were equipped with high technology and treatment with all kind of medicines you are accustomed to in Europe and America were available to everyone . In the health centers vaccination programmes were done on full scale so that for example poliomyelitis and tuberculosis had vanished, as it was reported in the WHO report of 1991 . To support the people with adequate medical treatment all links of the chain have to be available, be it doctors, nurses, medical equipment if one of them is missing , your treatment cannot be perfect. After the war not only many doctors and assistants had left Iraq, but hospitals had been destroyed or paralyzed . The breakdown of electricity was an important factor in this general catastrophe. You all know without it , no hospital can work, certain medicines will be spoiled. You cannot support the people with clean drinking water, nor get rid of the garbage.

In March last year we visited Baghdad for the first time after the war, The war was militarily over, but its negative consequences for the civilian population continued to be felt, and the suffering of the children and adults, which had begun months earlier as a result of the embargo,

was increasing. The war had been fought under the motto: "**Bomb now, die later.**" In July and December we visited Iraq another time. "Had the dying of children and the suffering of people ended? Certainly not."

The embargo prevents the Iraqi people from being adequately supplied with food, medicine, clean drinking water and electricity. This continuous shortage leads to death in the number of thousands. Some say that at least 170.000 children under the age of 5 years alone will die in 1992. The prices were skyrocketing and are up till now. The poor are starving and even the middleclass can barely afford what it needs.

Food

On August the 6th, 1990 a complete trade embargo was put on Iraq. Resolution 661 says that medicine, medical equipment should be excluded. Shortly after it was discussed whether a humanitarian need exists in Iraq, or not and when they decided it didn't, food was included. Then they discussed whether babyformula has to be considered as food or medicine. When they decided it can be both also this item was put on the blacklist. So already before the war the starvation started for many Iraqis. Already in December 1990 health centers and hospitals had to be closed down because of the lack of medicine and babyformula. Food was rationed. The amount which was distributed through the government with prices equal to those before the crisis was just enough for 10-14 days. The rest had to be bought on the blackmarket.

In July a taxidriver looked at me in a puzzled way, when I said "look there are bananas, apples and a lot of other items in the markets." His answer was bitter "Yes it is true, but for me and the majority of the population that is only decoration that we look at, but cannot afford." The poor everywhere. Whom you as a visitor do not see are living on the fringes of existence, and the world stands by as the slow dying continues. If the sanctions are not lifted, only the wealthiest of the 18 million inhabitants will be able to save themselves from new epidemic waves and other health problems and the increasing undernourishment will lead to famine.

In March hospitals were empty and the few who were able to reach them, it came most of the time too late. Now hospitals are overflowing again, but the picture has not changed. Undernourished infants

and small children, when the smallest infection can have fatal consequences. And these infants whose mothers cannot breastfeed them because they themselves are undernourished, run a far greater risk of contracting diarrhoea or lung diseases than well-fed children . In Quadisiyeh hospital in Saddam-city we saw a twenty year old mother with her 40 day old firstborn. The baby was emaciated, from its prematurely aged face its big eyes cast an accusing look . The mother could neither breastfeed nor buy milk. Nourished only on sugar water, the child, if it lives, will be handicapped for life. In the health centers in which particularly for poor neighborhoods, feeding centers had been set up for infants and small children, milk and baby food had been lacking. For example in Sheikh Omar, the health center is responsible of the treatment for 86.000 people , 50-60% are children under 5 and about 20% children under the age of 2. Before the embargo a feeding center had been existing, with the beginning of the embargo the babyformula had to be rationed too . In the beginning, there was still enough milk for the children under 1 year. Later the milk could be received only by prescription of a physician and only for the sick, also this was no longer possible, the feeding center had to be closed, Feeding centers were installed in different parts of the countries through various relief organisations, tons of milk brought in, last only a few days.

For adults a similar picture emerges, rations cover only about 1000 calories a day, less than half to the daily need of an adult. People are forced to sell belongings to feed their families.

In hospitals too, the food available was not and is even now not adequate for infants and children, because infant formula and baby food is also lacking and yet you can see some gaining of weight even under these bad conditions. Mothers have to use the just available formulas whether its suitable for their baby or not., because the usually given one is not anymore available in the drugstores or in the blackmarket. The result: increasing numbers of gastroenteritis not only because of the bad quality of drinking water, but also as many of you know, if you change one kind of milk you should not do it abruptly.

In July I heard that many organisations had set up feeding centers in northern and southern regions, which has improved the supply for the children, as long as the deliveries keep arriving.

At that time I asked myself is Baghdad deliberately left out? In December in Quadisiyeh Hospital I was told that they could open a feeding center for the poorest.

It is so difficult to find normal milk formula. You easily can imagine that it will be completely impossible to find special milk, be it soya milk, or for example milk for phenylketonuria.. In July parents came to me with their 5 years old boy completely handicapped. and also said, that the younger girl aged 2 months has the same diagnosis. They needed urgently phenylalaninfree milk for the girl to protect her from what happend to their boy, we asked in all Baghdad in vain. Back in Germany we asked the factories for donation, but the answer was no, and we could not find a person who was willing to spend about thousand DM per month for a single child.

According to the Harvard Study Team Report of May 1991 severe cases of malnutrition and Kwashiorkor were a rarity in the last ten years in Iraqis hospitals. Now the number of cases reaches between 30 and 60% , they were telling a famine is threatening Iraq if the embargo will continue. They also said hospitals cannot treat in the right way because of the lack of milkformula and food. They wrote most of the children will die of gastroenteritis, Cholera or Typhus in combination with malnourishment. They came to the conclusion with many other study teams, that the mortality of the children will at least double and at least 170.000 children will die unnecessarily of the late results of the gulf crisis.

Medicine and Medical Equipment

When it is not difficult to find the right milkformula and in the needed amount, all of you can imagine that it must be much more difficult to get medicine for patients. In March when we first visited Baghdad after the war, there was no electricity, no clear drinking water, not enough fuel to boil it. So the few cases we saw at that time in the childrenhospital or the childrenwards of general hospitals were emaciated infants, severely dehydrated. The parents, if they were lucky enough to reach the hospital in time, couldnot find help there in the majority of the cases because there was a lack of all basic needed medicine and equipment. Imagine Yourself a severely dehydrated 2 months old baby with continous gastroenteritis. First you have to provide the infant with intravenous fluid. How can it be done, if you donot have the iv canula, if you have no intravenous fluid. Perhaps you want to administer oral fluid. You need certain preparations, The child is too weak, to swallow it , you have to put a feeding tube, but what happens if you cannot get one. This is the simplest example. I must not

emphasize that the outcome can or must be fatal. You need certain electrolyte solutions to get rid of the acidosis. Many of the doctors we spoke to at that time, told us that they lost many patients because of the simplest were not available. Many newborn babies died because of the lack of potassium chloride. But can you give it to your patient, if there is no possibility to examine the blood electrolytes. NO laboratory can work without electricity. You need certain solutions, tubes, working machines, all this was not available anymore in March. Generators broke down, but there were no spare parts to make them working again. The director of the children's hospital told us that in the first 2 days after the outbreak of the war they lost 50 small infants. Prematurely born babies could not get the needed warmth, because without electricity the incubator cannot operate. The result: cold injury, which was most of the time fatal.

In March we saw severely undernourished infants dying of a simple flu, gastroenteritis, though it was not the season for this disease. Other children had bronchitis or pneumonia in urgent need for oxygen. The oxygen mask was put over their faces, but what is the help of it when oxygen is not available.

To treat a patient with pneumonia, you need certain antibiotics, which were not at all available or in too small amount, to administer your medicine you need needles, syringes. But what happens if one or all of the needed items were missing, the patient cannot be treated in the right way, either he will die or stay handicapped. You need X-rays to confirm your diagnosis, no films, no solution for developing them or no electricity to take an X-ray. So in the case of tuberculosis, you had not been able to make the right diagnosis. Some of you will say, why you need an X-ray, you also can confirm it with certain tests for example tine test. But what you will do if also this is not available. Others will mention, tuberculosis had vanished in Iraq. Before the crisis it was true, but with the embargo not enough vaccines had been available and with the cutoff of the electricity the cooling chain was broken and the up to that moment available ones expired. That is the reason why throughout the country the doctors were seeing increasing numbers of tuberculosis with its often fatal complications in the youngest, be it miliary tuberculosis, tuberculous meningitis.

Also for meningitis, it does not matter what kind of bacteria it is, You first must diagnose. But you take a normal needle when it is a must to use special spinal needles? If you got an amount, you have to

examine the fluid under the microscope. But how it was possible without slides, without electricity, how can you culture the material, if the culture media is not present, how can you treat in the right way, if you cannot test the resistance of a certain bacteria or if you could manage to do all this, you cannot find the right antibiotic in the right doses and for a certain time.

So for all kind of diseases be it in children or adults a vicious circle develops, so even the best doctor will be helpless.

For children with febrile convulsions, you need certain medicine to lower the temperature. Till now this simple medicine is not always available. If you cannot stop the convulsion a status epilepticus can develop. For this you need antiepileptic drugs, also not available at all or in the needed quantity. Patients with epileptic fits need their daily medicines, which is not available. Many of them asked us in July whether we could manage to provide their children, because they know without it, the children can become more and more handicapped.

Patients with diabetes can die in diabetic coma because no insulin was available. No urine or blood tests could be done, because there were no strips available, and in the laboratories the test solution was missing. Not to speak that you need special needles to administer the right doses. In March in the Saddam children hospital they were complaining that no insulin was available. You can imagine how you must feel as a doctor when you have a child in diabetic coma in front of you, when you exactly know the procedures to help him, but you do not have the medicines to do so. Back in Jordan with the help of Jordanian organisations we could provide the hospital with some insulin. But in July the things had not changed.

For uraemic patients you do not only need a well functioning laboratory but also certain fluid and machines to dialyse your patient. I think all of you have heard that many patients who needed regularly dialyses died. One of the children we brought with us to Germany for further treatment had an impending renal failure. But no therapy was possible, because you even could not diagnose it.

Children with leukaemia can be saved with the right treatment. In March when we spoke to the oncologist in the Baghdad children hospital, he told me that one of his leukaemic patient was nearly dying because he did not have adrenalin. He had to give Asparagacid, was hesitating to do so, because of the lack of any antihistaminic. In all Baghdad we found 3 vials for him, worth less than 2 dollars. In July no

antileukaemic drugs at all. One of the children was brought to Germany for further treatment, but it was too late. He died shortly after arrival.

In Iraq much more than in Europe Newborn babies develop neonatal Hyperbilirubinaemia , you use Phototherapy to reduce the amount of indirect bilirubin which has a toxic effect on certain braincells. In Baghdad, for more than one month the director of the Quaddisiyeh Hospital was searching for these special bulbs, and most probably many of you have seen it on television broadcasted in different parts of Europe. Is it not a shame that this rich country Iraq has to ask for donation . Perhaps you will say there are other ways of treating this disease. Yes you can do an exchangetransfusion. But for this you need a special set, you need transfusionbags, the right bloodgroup. But would you risk this as a doctor if you do not have the testsera to confirm the right bloodgrouping. So both can be dangerous or even fatal for the newborn. The same can happen to all patients with thallasaemia or other forms of anaemia who need their bloodtransfusions regularly.

But the lack of basic medicine or medical equipment is not only affecting the children but also the adults. No Hypertensive drugs. The result is increasing numbers of patients with cerebral strokes, who cannot be treated. The endresult being more and more handicapped elderly and also increasing numbers of younger people, if they manage to survive the initial stroke.

No drugs for heartpatients, no antidiabetic drugs for patients with adult type of diet diabetes.

In the obstretic wards increasing numbers of premature deliveries with all the problems for the premature infants, who cannot be treated, resulting increasing neonatal mortality.

The number of drugs you could list would fill pages , but all lead to the same result. Patients cannot be treated, doctors can not help without medicine and words alone are not enough.

As a medical student you learn in the semesters that preventing is better than treating disease, and this was already known to the Arabs in the middle ages.

As I mentioned before a good functioning health system had existed before the gulf crisis with many health centers distributed throughout the country . In specail centers fullscale vaccination programs were given to the population. Because of this, the number of cases with tuberculosis had decreased rapidly, and doctors didnt see anymore the severe complications in children in the seventees. The

same was true about poliomyelitis, diphtheria pertussis and tetanus, because vaccinations were given routinely to the babies to get rid of these disastrous diseases. But now with the embargo and war no vaccines are available. And the thousands, if not to say millions in a population of 18 millions, of doses you need in order to get an effective result, means that no nongovernmental organisation even if you take them all together, can afford to buy it. As a result many babies will get sick, will be disabled or die unnecessarily because of the embargo.

In the early months of last year many study teams reported increasing numbers of patients with typhoid fever and cholera , and this in springtime, when the disease had never been a problem. (only in summer there were some cases) with the threat of an impending epidemic. Contaminated water and food plays a major role in transmission. But how can you prevent the distribution if it is not possible to provide the population with enough clean drinking water? If you cannot diagnose the disease because the tests you have to do are not available, and if you cannot treat the patients because the antibiotics you need are not available? You can get severe complications, some of them can be deadly increasing numbers of carriers which is dangerous for the household or a whole area.

Operations

Operations are normally done in sterile surroundings. Is this possible when the windows are broken, air conditioning is not working, sterilisators are out of order for different reasons, be it only a small missing spare-part ?

So the first rule before you start an operation is not fulfilled, because you should work sterile. The result is wound infection , gangrene osteomyelitis, sepsis, all of which could be prevented. The surgeon needs special tools for operations. The simple things were missing: sterile disposable scalpels. Because of this the doctors were forced to use them as often as possible and only throw them away when they did not cut anymore. There was no gauze, bandages, surgical yarn, and even now the available amount is not according to the standard Iraq was accustomed to before the embargo. Normally operations are done under total anaesthesia . How can you do it if the drugs are not available, the narcotic gas is missing. This is the reason why many patients including children had limbs amputated without anaesthesia as well as painful wound dressing without painkillers.

Because of the lack of material, drugs and narcotic gas only emergency operations were performed.

As the director of the neurosurgical hospital reported, 240 operations were performed before the crisis monthly. Now because he can only get one bottle of gas per week or only 6-10 operations can be done weekly. He said I get furious because I have to tell my patient I cannot operate on him even though I know I could save his life. On the other hand especially in neurosurgical cases you must investigate very carefully prior to operation, be it CT-scan, x-rays or NMR. All this can not be done now. So if you do the operations without knowing the certain place of a foreign body for example you may harm your patient with the operation more than without it. Neither way is tolerable for me as a physician, but how can things be changed with the embargo still going on.

Here you see **AMMAR** who could not be operated on in Baghdad because no investigation were possible:

He was injured during the war by a bullet in his neck. The projectile was not removed because of the above mentioned reasons. In Germany after full investigations the projectile was removed, his rightsided palsy is improving slowly.

RASUL, a 20 months old boy with epidural haematoma after a fall. No diagnosis nor treatment was possible because of the embargo and war. He developed increasing cerebral pals with impairment of drinking. He could not speak or walk anymore. After the removal of the haematoma in Germany and intense physiotherapy(also this is not possible in the necessary way under the given circumstances in Iraq) he is slowly improving and can make a few steps now with help.

Most of the children who were brought for further treatment could have been treated in Iraq under normal circumstances. As the doctors were telling us in March, July and December " We have the doctors to treat, but how can they do, when everything is missing." This is the reason why most of the children treated in Germany had severe osteomyelitis, an bacterial infection of the bone after open fractures as a direct result of the war. As you know, openfractures have to be treated in time(but how was this possible when there was no possiblility of transportation) . It can lead to infection of the bones, joints and even septicaemia and gangrene. For diagnosis you need X-rays, a good functioning labaratory. For treatment you need sterile bandage, gloves, surgical tools, drianage facilities for purulent materials, needles for

intravenous applications, syringes, certain antibiotics in a certain amount for a long time: weeks, months, sometimes years. You need immobilisation possibilities. Can you imagine that a surgeon has to fulfill his task and no surgical yarn is available. Organisations from America tried to organise some overthere, they were told the export is prohibited, also in Germany it was not that easy to get a small amount, the same was the case with transfusionbags and - sets.

If you cannot treat cases properly and this you see in the following slides, the result will be chronic disease, fulminating infection, permanent orthopedic deformity.

Here you see **SABREEN**, a 3 years old girl, who fell from a height of about 2 meters during the uprising. She broke her right underleg and got severe infection of the bone. Antibiotics were given for some time. When we saw her in the July hospital in Najaf, four months after the accident, she still had pus discharge from the wound. The doctors told us they could not do anything more for her. She was treated in Germany the dead bone was removed, several operations done for her, she had received different courses of antibiotics and bloodtransfusion and returned running again to her family 1 month ago.

ALA, an 8 years old girl was hit by a bombexplosion of a small bus. In the same accident she lost her mother. She was brought to us by her father. She also had severe infection of the bone and knee joint. In the hospital there was no efficient treatment for her anymore. She also had received in Germany many antibiotics, bloodtransfusions, several operations to remove the dead bone,. But she will not be as fortunate as Sabreen, her roommate in Germany. Her knee will remain stiff. The infection will affect the growth of her leg, resulting in shortening with more operations necessary and later orthopedic problems.

IYAD a 19 years old youth. He lost both legs through the hit of a shelter in Baghdad. As he tells us one leg was blown away directly, the other leg half cut below the knee. Many operations were done for him, some without general anaesthesia. He also had to be sent home with puscharge from the infected bone, because of lack of available treatment. In Germany he had undergone several operations in the hope to rescue the second leg as much as possible.

AMIRA a 21 years old girl, we saw her in July in Yarmouk Hospital, where she had remained all 4 months. Also on her case the doctors were unable to help anymore. Many times she was told there is no way, we have to amputate. In Germany also several operations had been

performed, at the moment there is no infection anymore and the doctors are trying to extend the underleg , that she will be able later to walk better . Here you see **ALI**, a 13 year old boy, who was hit by a bomb in the kitchen at home. During the same accident he lost one sister with her 2 children, as he tells us, and a brother. Another sister lost her ear. After the accident he was brought to Yarmouk teaching hospital, where he remained the entire time before coming to Germany. In Baghdad several operations had been done for him. Because of gargarene he lost his left broken leg completely. He had osteomyelitis in the broken arm, had severe septicemia and malnutrition which is obviously seen in the slide. He had to be transported on a stretcher which was possible with the help of the UN. Now his general condition is improving slowly .

Other children lost parts of their extremities during the war. Some were provided with prothesis in Germany after the infection had been treated . I think most of you know, that Iraq had good centers for the disabled, and used high technology in their protheses. But with the embargo and war no spareparts were available, and the centers had to close.

MAISOON, a 16 years old girl, got severe burns in 1990 , she was admitted to different hospitals many times. Because of shortage of medicine and medical equipment, she was discharged soon after admission, we saw her at home. When we opened the door a putrid odor came toward us. The girl was extremely pale, malnourished and in such bad shape, that I did not dare to take her with me in this condition. We sent her to the Saddam children hospital where I had been working before. With blood transfusions, antibiotics and a better caloric intake, though it was also below the necessary caloric needs, much better than in many Iraqi homes, her general condition improved a bit. She was treated with several blood transfusion courses of antibiotics, new skin grafts and now she can walk again with support.

Beside all this the general health of the children had been affected, had they been healthy or sick. Since nearly two years people are living under a continuous psychological stress, because of the continuous embargo and the continuous threat of another possible attack. Therefore the whole family lives troubled, not only because of the lack of food, medicine, work and income. Many studies had been done about the psychological impact the war brought. Throughout the country field studies were done to assess the new problems. Many children believe they will not reach adulthood, of the asked children under

fifteen, had the feat to loose one or both parents 80% are isolating themselves. New crimes, which never had been a problem like robbery is increasing in number. You have the feeling, as some authors wrote, that the war and the after war problems intended to destroy the Iraqi families and the society as a whole .

All of you will agree that all people especially the children will suffer from this for a long time to come not to say all their lives. It is right that we will have to speak of the postgulfwar generation.

I believe in some way or another all of us got guilty because we did not raise our voices loud enough to protest against what is done against the human rights in Iraq and in so many countries all over the world. This war and embargo was done with the blessing of the United Nations, at least so they tell us. In the West we speak a lot about human rights, but what remains of the human rights if you prevent a people from living normal life, from finding food and medicine. Logic, laws principles, morals, resolutions of the United Nations principles of UNICEF, WHO they all must oppose what the Security Council is doing against the children of Iraq .

CHANGES IN THE NUTRITIONAL STATUS OF IRAQI CHILDREN BETWEEN 2 JAN.1989 AND 26 MAY 1991

A study conducted at Sheik Omar Health Centre

Dr. A.H. AL-Hadi

Saddam Medical College Baghdad

Dr. O.A. Obeid

Nutrition Consultant, UNICEF Baghdad

Mr. R. Bergmann, Data Management

Consultant, UNICEF Baghdad

I. Aim of the Study

The study was conducted to further assess the effect of economic sanctions and the Gulf Crisis on the nutritional status of Iraqi children. At the conclusion of the Gulf Crisis nutritional studies were conducted by several international teams of experts.^{1,2,3,4} While those studies were able to measure the level of malnutrition at specific times after the war, they lacked a pre-sanctions baseline reference that could give a clearer picture of the progressive nutritional decline caused by the sanctions and the war.

During the past two decades the nutritional situation of Iraqi children did improve significantly, as reported by many studies, that the average birth weight of Iraqi children had reached a level similar to that of American and British children^{5,6} This improvement had been a result of many factors, e.g., increased food availability, increased purchasing power, increased public awareness of health issues and better access to improved health services. Most of these factors deteriorated dramatically as a result of the Gulf Crisis, thereby having a negative impact on the nutritional situation.

The present study has been conducted to assess the magnitude of this negative impact. Data used covers the period prior to the imposition of international economic sanctions on Iraq in August 1990 and continues until (26 May 1991) 3 months after the cessation of hostilities.

II. Methods

The study was conducted at Sheik Omar Health Centre in Baghdad. The centre is located in an area populated largely by families of low socio-economic status. An estimated 90,000 individuals are serviced by the centre.

Data were collected from health centre records which tracked the immunization program of infants and children under 3 years of age (estimated to be 15% of the total population). Weight measurement of children attending the health centre for immunization are normally recorded, but height measurements are infrequent. As a result, only weight-for-age Z-scores were used in the study as indicators of nutritional status.

Data was analyzed using ANTHRO computer software (version 1.01) for computation of Z-scores from the international reference for anthropometric indications. Malnutrition classification was as follows:

- i. mild malnutrition -1SD to -1.99SD
- ii. moderate malnutrition -2SD to -2.99SD
- iii. severe malnutrition -3SD and below

The malnutrition indicator used in the present study was weight-for-age, which is an indicator of acute and/or chronic malnutrition.

Data were divided into 3 periods:

- i. first period 2 January 1989
 (pre-sanctions) till 8 August 1990
- ii. second period 8 August 1990
 (beginning-of-sanctions) till 17 January 1991
- iii. Third period 17 January 1991
 (start-of-war) till 26 May 1991

III. Results

Data recorded at the health centre covered the period from 2 January 1989 through 26 May 1991. Total number of children involved was 1150. Most of the children were weighed an average of 3 times over the course of the study. The total number of data weights was 3092.

| TABLE 1: Age Distribution Sheik Omar Health Centre Study | | | | | | |
|---|---------------|-------|--|-------|--------------------------|-------|
| Time Period | | | | | | |
| Age Group to(months) | Pre-sanctions | | Beginning-of-sanctions to start of war | | Start-of-war 26 May 1991 | |
| | (n) | % | (n) | % | (n) | % |
| 3 | 64 | 10.3 | 381 | 35.9 | 282 | 20.0 |
| 3-6 | 128 | 20.6 | 170 | 16.0 | 234 | 16.6 |
| 6-9 | 189 | 30.5 | 174 | 16.4 | 293 | 20.7 |
| 9-12 | 124 | 20.0 | 138 | 13.0 | 124 | 8.8 |
| 12-18 | 88 | 14.2 | 125 | 11.8 | 227 | 16.1 |
| 18-24 | 27 | 4.3 | 64 | 6.0 | 151 | 10.7 |
| 24-36 | 0 | 0.0 | 8 | 0.8 | 101 | 7.1 |
| Total | 620 | 100.0 | 1060 | 100.0 | 1412 | 100.0 |

Child weights and ages were recorded on a survey form that also collected information of child illnesses, feeding and weaning practices, family size and socio-economic characteristics of the parents.

Table 1 shows age distribution of the sample. The percentage of infants below 6 months of age was slightly lower in the first period compared with that of the last 2 periods.

This difference would likely under-estimate the level of malnutrition in the 2 later periods because malnutrition is commonly manifested after 6 months of age.

There were no major differences between the percentage of male and female children for the different time periods (Table2).

| TABLE 2 : Distribution of males and females Sheik Omar Health Centre Study | | | | | |
|---|-------|------|---------|------|-------|
| | Males | | Females | | |
| Time Period | (n) | % | (n) | % | Total |
| Pre-sanctions | 309 | 49.8 | 311 | 50.2 | 620 |
| Beginning-of-sanctions to start of war | 597 | 56.2 | 463 | 43.7 | 1060 |
| Start of war to 26 May 1991 | 773 | 54.7 | 639 | 45.3 | 1412 |

An examination of the level of -1SD to - 1.99SD Z -scores clearly shows that since the imposition of economic sanctions mild malnutrition has increased. Mild malnutrition rose steadily from a level of 10.8% (first period) to 15.4% (second period), then increased sharply to 24.2% (third period).

During the 2 periods before the war the total percentage of malnutrition (< - 2SD) was similar at about 4.5% . Following the war the percentage of malnutrition (< -2SD) has doubled to 9.2% . Although the combined results (moderate and severe malnutrition) showed no changes from the first to the second periods, the level of severe malnutrition (<-3SD) increased from 0.32 % in the first period to 1.1% in the second period.

The percentage of children above -1SD decreased from 84.7% in the first period to 80.0% (second period) and 66.6% (third period). Therefore, during the second period the level of mild malnutrition has increased while the combined levels of moderate plus severe malnutrition were not affected.

Figures 1,2 and 3 show the Z-score distribution of children attending Sheik Omar Health Centre compared with WHO reference standards. The graphs illustrate the progressive decline in nutritional status of children as the economic and physical situation deteriorated.

| TABLE 3 : Nutritional Levels Sheik Omar Health Centre Study | | | | | | |
|--|---------------|------|--|------|-----------------------------|-------|
| | Pre-sanctions | | Beginning-of sanctions to start of war | | Start-of-war to 26 May 1991 | |
| Z-scores | (n) | % | (n) | % | (n) | Total |
| -1SD | 525 | 84.7 | 848 | 80.0 | 941 | 66.6 |
| -1SD to -1.99SD | 67 | 10.8 | 163 | 15.4 | 341 | 24.2 |
| -2SD to -2.99SD | 26 | 4.2 | 37 | 3.5 | 104 | 7.4 |
| -3SD | 2 | 0.32 | 12 | 1.1 | 26 | 2.0 |

Figure 1 clearly shows that prior to the imposition of economic sanctions the Z-score distribution was almost identical to the WHO reference. Figure 2, which covers the period from the imposition of sanctions to the start of the war, demonstrates the beginning shift in Z-score distribution towards a lower nutritional state. Between the beginning of the war and 26 May 1991, the combined impact of war and sustaining economic sanctions shifted the Z-score distribution of Iraqi children by about 0.7SD toward the negative side. While economic sanctions clearly affected the declining nutritional situation, the nutritional consequences of the destruction to Iraqi infrastructure, its social services and food system is dramatically shown in Figure 3.

IV. Discussion

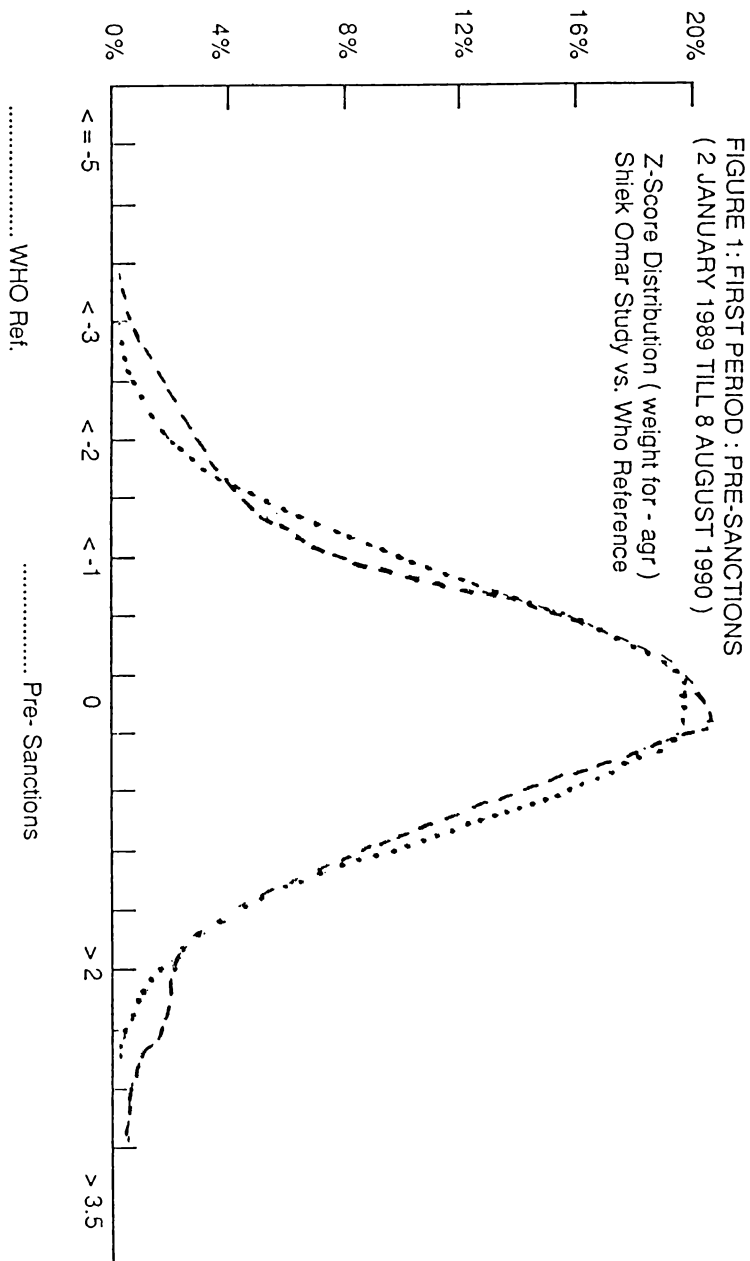
The present study was able to measure the changing nutritional status of Iraqi children before, during and after the Gulf Crisis using a large data sample. While it permitted a comparison of the effects that economic sanctions and massive aerial bombing had on the nutritional levels of children, previous studies 2,4 conducted from 4-8 months after the war focused on the continuing decline in the nutritional status of Iraqi children.

The data show that prior to sanctions Iraqi children were well

nourished which is in line with other pre-war studies.^{5,6} The sanctions and the war have combined to destroy or damage much of Iraq's physical infrastructure and economic base, leading to massive inflation, unemployment and underemployment, and a deterioration in basic services related to health and sanitation. While food prices increase steadily, earning power and savings are declining to a point where many families are unable to provide adequate nourishment for their children. Needless to say that the nutritional status of Iraqi children has further deteriorated during the period of 26 May 1991 till February 1992 (9 months) as the general economic situation in Iraq is still declining. If sanctions continue, children who are currently enrolled in the moderately malnourished category will sink further into a state of severe malnutrition and those in the severely malnourished category will probably die.

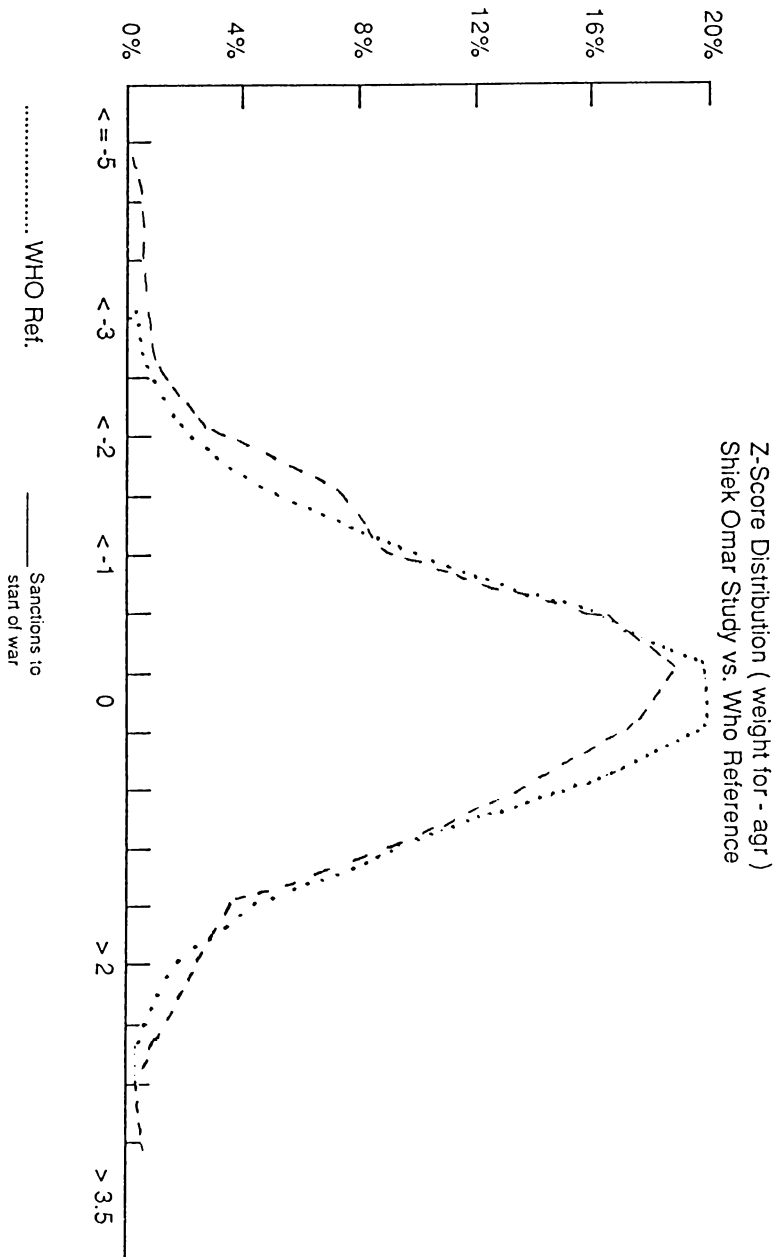
The longer this situation is allowed to continue, the more permanent will be the physiological effects on Iraqi children and the more costly will be the intervention efforts needed to return the situation to normal.

الرسم ١ : الفترة الاولى : قبل الحصار
(١٩٨٩/٧/٢ الى ١٩٩٠/٨/٨)



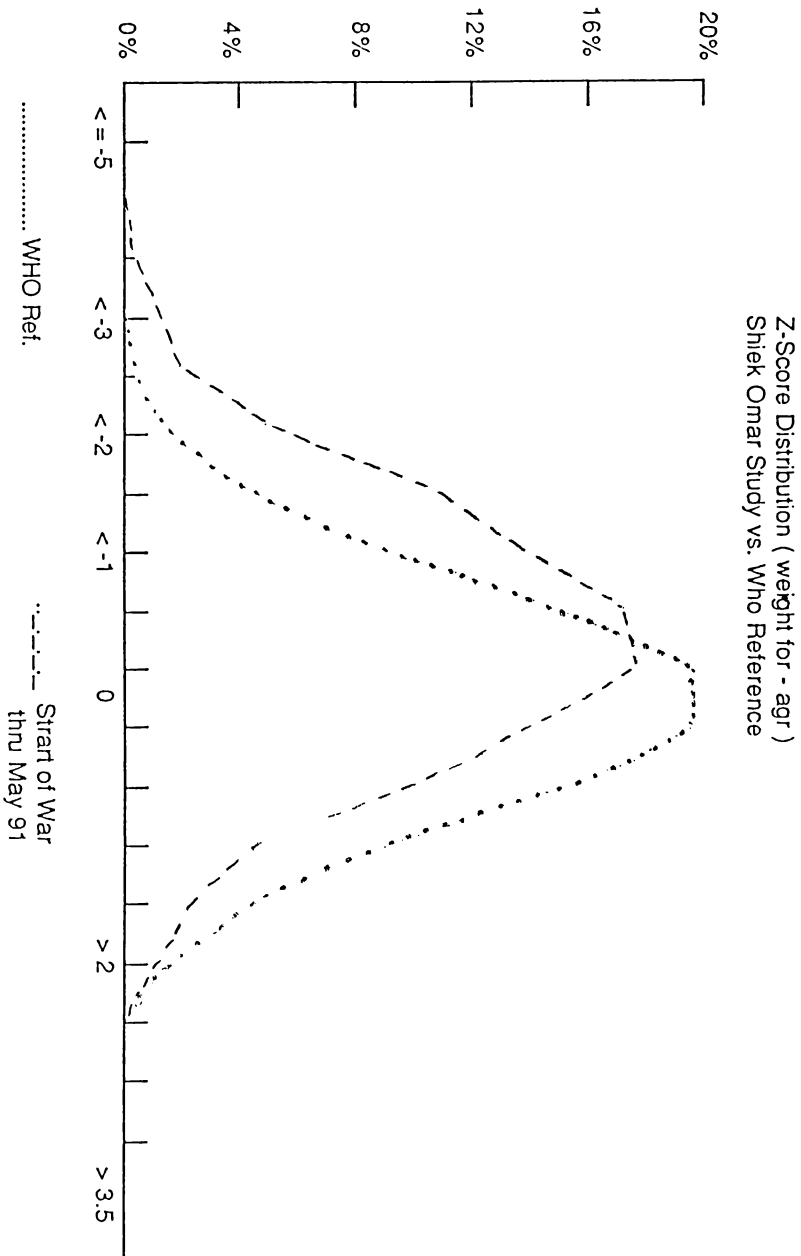
الرسم ٢ : الفترة الثانية : بداية الحصار الى بدء الحرب
(١٩٩٠/٨ الى ١٩٩١/١)

FIGURE 2: SECOND PERIOD : BEGINNING OF SANCTIONS START OF WAR
(8 AUGUST 1990 TILL 17 JANUARY 1991)



الرسم ٣ : الفترة الثالثة : بدء الحرب الى ١٩٩١/٥/٢٦ الى ١٩٩١/١/١٧)

FIGURE 3: THIRD PERIOD : START OF WAR TILL 26 MAY 1991
(17 JANUARY 1991 TILL 26 MAY 1991)



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Save the Iraqi Children

Dr. Ahmad N.A.A. Nsour (A.P.A.) on behalf of Arab Physicians Union Germany.

Direct Assistance Organization/Germany

Mr. Chairman, Ladies and Gentlemen ,

Although the victims of this war are invisible , but they are still among us. I will point out, through this paper is introduced to your honorable conference, the victims of this brutal war. In order to prove what has been said before , during and after the war that this war will be a surgical operation is a propaganda against humanity in general because you know that any surgical operation, done to any patient, is meant to cure and not to kill, as it is now.

Introduction

Before moving to the cardinal subject, which is " the suffering of Iraqi children after war", we have to remind the delegates of the health conditions of Iraqi children and people before the aggression and the great efforts paid to health care. Iraq had reached a high level of health care which was similar to that of developed countries . Iraq, like other countries, had given children a special and exceptional care. It is known that children have a special health care and requirements . The inability to make available such care and requirements will lead to negative reactions on children physically and psychologically, and it will lead to a sudden rise in children's death, illness, spread of chronic diseases in the future. You do not need to be reminded that children are the props of society and its future development. The health conditions of children have been recessed because of the embargo imposed on Iraq after Aug. ,2,1990. I will discuss this clearly later. My colleagues in A.P.U. and D.A.O. and the members of Anglican Church of North Germany and I have started many visits to Iraq directly after the cease fire , the last was in Jan.,1991. I will pass to you my colleagues' and my impressions about that. We have seen the mass destruction which destroyed the infra-structures, especially the health care fields due to airattacks which lasted for six weeks and because of the destruction works after that . This infra-structure was a result of many years of efforts and money. Iraq will need many milliards and years in order to rebuild the devastation and destruction . When we visited Baghdad after the war ,

for the first time, we did not feel for the first time that Baghdad was in a war or attacked severely. But after investigation and inspection, we realized of the intensity of destruction and human tragedy. The prices of basic needs including medicine, have been risen enormously, if they are available. We have made a field visit to many families of different classes and saw the suffering they face in order to get milk powder, food and medicine for children, we saw the damage of electric power stations, water purification and sewage. We want to remind the participants of the 33/51 statement of U.N. covenant which prohibits the destruction of health centers, water resources, sewer stations at wars. The agreement on this statement was not in vain. We visited more than 30 health centers and hospitals all over Iraq and noticed that they are completely paralysed because of destruction, lack of electrical supplies, lack of communication, medical tools. This was due to the destruction or the lack of needed spare parts. The physicians were paralysed and they were incapable of giving any humanitarian medical service to children and others because of the previous conditions. We visited the south and saw the spread of diseases among them more than any other area. Diarrhoea, typhoid, liver inflammation, cholera have spread after the destruction of the infra-structures and health structures. The weather and environmental conditions had helped the spread of these disease , because of the rise of temperature which become to 50°C at shadow, spread of stagnations, drinking from polluted water and others as a result of the destruction of sewer pipes.

I will show to you some of the slides which prove what we have seen.

Health Conditions:

I will talk briefly about the health conditions of children in Iraq before the aggression reviewing rates taken from international resources.

The rate of population growth in Iraq untill 1990 was 3.5% and mortality of children less than 5 years, was 74 for every 1000 . The average of Iraqi children under 5 years is 3.5 million child . The health centers are 131 hospital, 851 clinic and 6200 emergency car. Iraq had made available distinguished and comprehensive health care and built factories for drugs and milk powder, providing good health services, together with electrical and communication system, which helped in

rising the efficiency of these facilities . It is worth to mention that there are several medical and nursery colleges and schools in Iraq.

What happened after Aug. ,2,1990?

Iraq has been besieged in a blockade which history has never ever witnessed, in its inhuman shape. It has prohibited everything , including food, medicine, raw material needed for medical establishments. The world has stopped with tied hands looking at the dying children who die slowly from starvation and illness. I want to remind that 159 countries have participated in the international summit for the sake of children and they decided, in its statement for child rights, the following:

1. Mankind owes to the child the best it has to give .
2. The child shall be entitled to grow and develop in health .

But the matter did not end with the blockade, it surpasses it with the aggression and the devastation of medical factories, foodstuff establishments and hospitals. All of us know what happened to the (baby milk plant) .

The average of the deaths among children has surpassed the normal average and reached its highest level; it reached five fold among infants and threefold and a half among children below 5 years, 34% of Iraqi children suffer from dystrophy, lack of health care. 15% of children below 5, suffer from effective diseases, such as Typhoid, liver inflammation and Cholera. The number of deaths reaches now 600 everyday. This is the result of the embargo and the aggression. The mothers have suffered from dystrophy which led to negative consequences on children and the rise in the average of abortion, and due to the lack of some needed mineral substances and vitamins for children, such as:

1. The shortage of Iodide substance for pregnant which causes abortion and most of time giving birth to a dead fetus.
2. Shortage of vitamin A in children which leads to blindness, anemia and weakness in growth.

Psychological Effects:

The Iraqi children have lived a horrible life during the war and after it, and the sword is still directed towards their mothers' necks and their nutrition and we all know the meaning of this. The western society

considers the harsh talks , directed towards children, a psychological depression , and I ask you to imagine what happened to the children of Iraq in such difficult conditions.

Water Problems:

Water problems cannot be isolated from the health conditions, it is directly and closely connected with that and it is a major cause, which leads to child diseases due to the lack of immunity when healthy water is polluted by any cause.

Iraqi water was completely pure before the aggression and it was pumped to houses in a healthy and sufficient manner. After the destruction of the underlying structure of squirts, 2.5 million of Iraqis were without pure and healthy water. 14.5 million have recieved $\frac{1}{4}$ of the quantity recieved before the war. This war led to the pollution of pure water which caused many diarrhoeae states. These states have reached fourfold of that before the war. This leads to dehydration .

Nutrition Problems:

What were the nutritious conditions before war ?

Iraq was importing 70% of foodstuff from abroad, and the government was supporting basic nutritious resources, such as rice, sugar and flour to the public with low-priced prices.

The conditions of the war and the embargo led to the disappearance of the basic staff from the markets. But now the government cannot cover more than 1/3 of family needs. Prices have soared beyond the normal levels. A simple example of this is the suffering of the father in order to buy one powder milk box for his child. 500 g. of powder milk needs the whole salary of an Iraqi teacher who takes 200 I.D.

The average of the employees (worker) is from 100 to 150 I.D.

The Iraqi family, like any other Eastern family, is more than 5 or 6 persons and sometimes more than that . This is an example of malnutrition of Iraqi children .

Recommendations:

1. Lifting the embargo from Iraq.
2. Releasing the frozen Iraqi accounts in abroad banks to buy foodstuff and medicine.
3. Sending signed lists from the participants to the U.N. abode in Baghdad in order to call for lifting the embargo from Iraq.
4. We are with the children wherever they are and with Iraqi children, suffering for their suffer and sympathizing with them. Wishing that the assistance, how much smaller in quantities , will continue to be sent because the lesson is to keep the symbol. Iraq is one of the rich countries ; and if the embargo is lifted , it will never need this assistance , which reached, till now, about 3% of its needs.

Finally, I wish success for our conference.

The Effects of the Embargo on Family Planning and its Effects on the Health of Iraqi Family

Dr.Widad AL-'Obeidi, from Iraq Family Planning Association

The Iraq Family Planning Association (I.F.P.A.) has been greatly affected by the thirtieth aggression and the sanctions which extend to include service, material and organizational sides. The association has directly received a notification from the Arab World Regional Office indicating the unjust resolution taken by Security Council, for it has sent a letter to I.U.F.P calling it to obey the resultant executions of the resolution. The notification has compelled the I.U and the R.O. not to send financial assistance, equipment and medical tools to the association. It extends to prohibit the association's delegates from participating in regional and international meetings of the union or any other activity.

Consequently , I.F.P.A . has been directly affected from the unjust economical embargo. In order to illuminate the intensity of harms, we should comtemplate and analyze the role the association undertakes and the strategic objectives which it seeks to achieve through employing its medical , social, cultural and statistical activities in the field of family planning . The reason of all this is to create happiness and luxury to the family and society via the cooperation with state institutions,local, Arabic and international associations and organizations within the same field. The association is a member of the A.U.F.P. , since 1971 . The asscociation has succeeded in combining its services within the institutions of the Ministry of Health concerned with Obs. and Gyn. diseases and the services of maternity, childhood and public medical clinics, stating from the three following fields:

1. human rights.
2. population considerations
3. Hospitals.

The idea , which says that family planning is advantagous to the health of mother and child, has been accepted since a very long time. The relation between spacing on the one hand and the health of mother and child and surpassing the dangers on the other hand has been

discovered . It has appeared that there is evidence which supports the motto, saying that family planning saves lives. The hygienic justifications of family planning have reappeared because they are considered the main business of I.U.F.P.

In 1986 , the I.U.F.P. programs committee had coordinated with the International Medical Consultant Committee(I.M.C.C)in introducing the commandments and the state of advantages, which can be achieved from the recent available considerations to pinpoint the hygienic advantages of family planing. Afterwards, the General Assembly pledged to the members of I.U.F.P., within the Tokyo Declaration to spread the awareness of the best conditions of pregnancy, which saves the lives of about 5,000,000 child every year, and prevents the death of 600,000 mother every year.

Two international conferences were held in 1987 to focus the international interest on these matters. The conference of secure maternity, held in Feb.,1987 , had affirmed the role of family planning in improving the health of mothers . The International conference for Improving the Health of the mother and the child through family planning , held in Oct,1987 , aimed of circulating the policies and programs which consolidate the principle of family planning as an active healthy arrangement. The conference comes to embody the concept of health justifications of family planning , which the international organizations consideras important to develop the services of raising family health and spreading its scale with the limits of work which emphasize the role of family planning in the fields of mother's and child's health care. This goal reflects the extent of concern and interest which envelopes, now, the family planning health justifications, whcih was crowned by the international effort through holding a conference on rising mother's and child's health via family planning. The U.N. Organization for Population Activities (U.N.O.P.A) U.N. Development Program (U.N.D.P) I.H.O., U.N.C.E.F, I.B., population council and I.U.F.P. .

The concern is increasingly centered on the prevention of exposing the mothers to the dangers of death, prevention of compliance with pregnant women, and the prevention of women's death who were exposed to compliances. The idea of preventing mother's death by using the methods of family planning is a method which W.H.O. has called for and blessed to prevent the unjustified tragic deaths, when the services of family planning are made available. The principle of

spacing, emphasized by the good results, which says that the shortness of period between births is linked with the high levels of deaths among infants and children .

The correctness of this theory has been proved all over the world. The credited period between the two births should be two years. When the means of guaranteeing the distance between births in order to avoid undesirable pregnancy is insured, the main element for mother's safety is insured. It protects the infant because the mother enjoys the comfort of her body, psyche and health. She is able to look after the new infant after she has reared and protected her former child. From all that, the strategic goal , which I.F.P.A. tries to achieve through making available the real services to the mothers who are exposed to dangers, is illuminated. The governmental recommendation, issued from the British Ministry of Exterior and sent to the I.U. and the Regional Office, calls them to obey the sanctions and stop sending financial assistance or medical equipment or any other means. This means prohibiting the exposed mothers to dangers from those means which are used to treatments and protection. The recommendation is also used to confront the requirements of pregnancy and birth because postponing it, is a needed goal under a condition the fetals become beseiged within wombs due to the non-availability of the causes and basics of care to both child and his mother.

Here, we have to stand behind the standards launched by UNICEF in its strategy of work, which pinpoint the realities caused from the unjust embargo and the aggression:-

1. The rise in the mortality rate of infants and children below five years old. This is taken from a statistics modelately by a group of international researchers in Sept.,1991 . The rate of infants' deaths for every one thousand alive birth is 80 deaths, whereas it was in June ,1990 (42) for every 1000 alive births . The rate for children was 104 deaths for every 1000 alive births after it was 52 for every 1000. This shows a doubled increase in the rate of deaths for infants and children below 5.
2. Maternity was also exposed to problems and conflicts . The average of mothers' deaths has been awfully increased. It reaches 117 deaths for every 100,000 alive birth.

When we confront two basic targets from the strategy of UNICEF in Iraq for the coming five years, the great responsibilities, to the role of family planning in contributing to achieve the following goals appear:

1. Reducing the average of deaths among children below 5 years to the third until 2000.
2. Encouraging sound maternity throughout improving the means to reach health centers and services, focusing on the importance of care while pregnancy and nutrition, putting spacing between one pregnancy and the other and educating women about the dangers of unsound pregnancy.

When we move to the international declaration with regards to protecting and feeding the child and to the plan established by the international summit for child, we confront the following results :

1. Improving child's health and feeding him is the major responsibility of the international community, it is easy to be executed within the allowed solutions. On every day, it is possible to save the life of tens of thousands of boys and girls because it is possible to avoid the causes of their deaths.
There is no need to vindicate the high rate of deaths among infants and children , nevertheless it is possible to reduce it greatly within the known and available means.
2. In every year 500,000 mother die because of pregnancy and birth, therefore , sound maternity should be reinforced with all possible means and the concern should be directed towards sound family planning and towards sound family planning and spacing births. The family should be provided with whatever needs from assistance and protection, for it is the basic group and natural surrounding for children's (raising) growth and enjoyment. Passing through the plan of executing the international declaration to protect and feed the child in the 1990s and the agreement of child rights, we should consider what the summit has affirmed, in many international assemblies, attended by all the governments, concerned U.N. agencies , basic nongovernmental organizations. They have put forward a set of objectives concerned with the child and his development in the 1990s.

The working plan has called for the cooperation of national and international efforts in all countries to achieve the basic objective, to protect the growth of children until 2000. This was due to the increasing international agreement on giving the humanitarian dimension for development in the 1990s a great concern; the objectives are:

1. reducing the rate of children's death to one third or to 70 deaths

- for every 1000 alive birth.
2. reducing the rate of mothers' death to half the rate of 1990.
 3. reducing the rate of dystrophy among children who are under 5 years old to half of the rate in 1990.
 4. providing pure drinking water .
 5. protecting children who live under harsh conditions, especially in armed conflicts. On this basis, the declarations, resolutions and agreements, concerning the child and the mother's life, should be genuine and not fictitious, credible and not incredible, and looking forward to putting children as the starting point to a developing strategy, which emphasize the human development. This is because children's development and their social contribution, inspite of everything, will form the future of the world. Paying more efforts in the field of children's health, feeding and education forms a wise investment which puts the cornerstone for the future of growth and development.

The negligence of anything connected with the basic needs of children for protection, development and keeping living will impose on them and their socialies a circular wheel of poverty, regression and deprivation. The child's growing body and mind will be exposed to continuous damage which cannot be cured. Iraq's children do consider the damage as the consequences of the unjust embargo , which has deprived them from the basics of life. There is no basic vaccination, no comprehensive nutrition, no qualified medicine or treatment , where is the appearing moral principle, which says that death before its time, handicappedness and deprivation of development opportunities, in a time the defensive measures are available, cannot be aknowledged by the conscience and is considered as slavery, imperialism and segregation. What is about us when we find that from the basic objectives of U.N. development contract is to add to development a moral essentiality, to be part of the investment strategy in the growing generation in order to achieve along scale social and economical development continuity.

I.F.P.A. has paid much more attention in the family and observed the accelerating incidents the Iraqi people has been exposed to . As a result to its concern with the priorities of the illustrated health aspects, such as the justification of family planning directed toward the protection of the mother and child and the family and social structures, the Association has worked in different directions in order to confront

the effects, resolutions and incidents . It has adjured the secretary council , chairman of international and Arab organizations who are concerned and have relations and influences through letters memorandums and declarations. It seized the presence of Dr. Havdan Mahler, the general secretary of I.U.F.P. and reminded him of the goal of W.H.O. has raised : " health for everybody until 2000" , when he was its chairman. It also reminded him of the resolution adopted by W.H.O. with regards to Iraq at 38th turn of the regional committee of East Mediterranean (Med.) on 8,10,1991 . The following are some of its passages:

- * I.H.O. has taken into consideration the recent health conditions of the Iraqi people because of the aggression effects and the necessity to enable Iraq obtain medical and food supplies.

- * adjuring the members of W.H.O. and U.N. to contribute to enabling the Iraqi people obtain needed medical requirments with all possible means.

- * adjuring the members of W.H.O. and U.N. and the international organizations and associations to provide the Iraqi people with medical assistance in order to relieve his suffering . The I.F.P.A. has embodied, through its communication with other organizations, the reality of increasing deaths due to the sanctions and the shortage in medicine, basic vaccines, qualified treatments and nutritions foods. There is another tragedy the pregnant mother bears because of the sanctions. She feels that she is deprived from basic factor during pregnancy and she feels psychological pressures because of her deprivations from factors known to I.H.O. . W.H.O. , has called in its last resolution, issued at the 38th , accomound with shortage in medical and health services which are required during and after pregnancy and delivery .

The obstetrical health has been greatly affected, in Iraq, from the unhuman embargo and the deprivation of Iraqi children from powder milk, medicine, basic vaccines. All this contradicts the U.N. constitution and leads us to question the prohibition of women and pregnants from the basic and specialized services. We called to make available the needs of exposed mothers to dangers , such as basic qualified services . We asked and adjure by the name of maternity and childhood in Iraq to bestow every effort and to be responsible to remove the unjust embargo from foodstuff, medicine , basic requirements , such as medical and diagnostic materials and making available the requirements of health protection and first aid health care.

In order to face the requirements, in the light of the drawn strategies by the association to supply the needs, we have modified the role of the association in order to be more responding for the needs , and we have drawn a work plan to suit the concerned organizations plans which meet with our association in order to serve childhood, maternity and family through working ways to achieve the following requirements:

1. making available the services of family planning through:

| | <u>1992</u> | <u>1993</u> |
|--|-------------|-------------|
| a. public medical clinics | 7 | 13 |
| b. consultant clinic in specialized educational institutions | - | 5 |
| c. clinics within volunteering organizations | 2 | 3 |
| - Family planning joint clinic with the Iraqi association for stamping out tuberculosis and chest diseases | | |
| - Family planning joint clinic with the G.U. I.W. | | |
| - Family planning joint clinic with the Iraqi Red Crescent . (I.R.C) | | |
| 2. training, raising the competence of work and increasing the concern of medical and health staff. | | |
| 3. Intensifying the family educational and medical awareness programs to advance the health of mother, child and family. | | |
| 4. organizing the sound maternity conference aiming at achieving scientific advances erected on the reduction fo mother's and child's death. | | |

Conclusion:

In spite of all the circumstances and unjust resolutions, The I.F.P.A. has come out with the following conclusions:

1. It achieved the continuous coordination with Arab association, organizations and unions and reflected the suffering resulting from the unjust embargo.
2. It gained the sympathy of Regional Office of the Arab world and the I.U.F.P. and the other regional associations
3. It achieved many accomplishments on the regional and central council of the I.U.F.P. through occupying some higher posi-

tions.

4. It planned an ambitious program in order to achieve a special requirement for family planning .
5. It intensified the cooperation with the international and Arab organizations, interested in the family cases.

The I.F.P.A. seizes the opportunity of holding the International conference for Ungovernmental Medical and Humanitarian Organizations, starting from its concept to create medical and domestic luxury for the Iraqi family, reemphasizes its demands, for all humanitarian organizations and influential persons of the conference, to play its role honestly for the sake of taking the human resolution to remove the embargo from Iraq.

Effect of Aggression & Sanction on the Patients at Al-Rashad Hosp. for Psychiatric Diseases

Dr. Tariq Khammash
Consultant Psychiatrist

Summary:

It was noticed that a huge number of unusual deaths occurred in the only mental hospital in Iraq (AL-Rashad mental hospital of around 1400 chronic long stay patients) during the allied aggression against our country.

Data was collected and compared month by month before and after the second of Aug-1990 , it was found that food and medicine embargo led to the death of 8,15, and 37 patients during the early months of the embargo (Oct., Nov., and Dec. 1990) respectively in comparison to 3,6 and 3 patients during the same months of the previous year, 1989. Reached large numbers after the start of war on 17.1.1991 causing life loss of 63,111, 64,25 and 5 during Jan., Feb., March, April, and May 1991 in comparison to 6,6,2,1 and 5 during the same months of the year 1990 before 2.8.1990 , started to decrease with the start of the humanistic Red Cross help.

We concluded that the huge number of deaths was due to the food and medicine embargo mainly and to the destruction of oil refinery, water and electric plants , which exposed our patients to the hunger, thirst and cold during the cold weather in winter.

The honest voices should therefore be raised to protect those hopeless patients from the war game and it is felt that food and medicine embargo is a crime despite any political intellectualization and excuses.

The Embargo on Iraq and its Effect on the General Health

Prof. Hatham Al-Jubouri

College of Medicine/Baghdad University

SUMMARY:

More than 18 month had passed since the Embargo started on Iraq that include medicine and food and because of this Embargo all the drug producing companies had stopped shipping the orders of medicine that was fixed on them since August 1990, also there are many other orders that their full prices had allready paid before August 1990 and yet have not been shipped, Iraq also couldn't used his money abroad that were freezed although the security council allow that and agree for this money let be spend for medicine and food for Iraq.

Therefore all these reasons caused a sharp and dangerous decline in the reserved stock of drugs in Iraq e.g. The dispoible syringes, lab reagents, Vaccines, antibiotics, analgesics, and medications for chronic diseases like asthma, diabetes, heart problems gastro intestinal and respiratory and kidneys and cancer diseases, and the more important of these are children medication and infant's milk.

Due to this big decline in all these drugs the lab diagnosis, was badly effected also all medical services in and out of the hospitals like the private clinics.

It is very sad to accompany this decline an increase in the infections diseases like hepatitis, ameabic, dysantry, typhoid, cholera and the non specific diarrhea, measles, diphtheria, heamorrhage fever, infection of the respiratory tract, meningitis, and other diseases. All those diseases caused the death of the children and the elderly people in thousands.

We here asking all the world representing in your organizations to stop this crime to kill 18 million innocent Iraqi. and may the hand of God will be with yours.

The Effects of Embargo on Some Chronic Diseases

Dr. Fawzi A. Al-Ani M.R.C.P.

Dr. Saa'd A.J. Al-Roumani M.R. C.P.

Dr. Khdair A. Ali Al-Ahalisi m.r.c.p.

SUMMARY:

This is a retrospective study done in Saddam General Hospital, one of the provices of Baghdad city. It serves a population of more than one million.

It demonstrates the effects of economic embargo on the incidence and death rates of four chronic diseases (Hypertension, Diabetes Mellitis, Bronchial asthma and heart failure) for the last six monthes of 1990 & 1991, these periods were choosen because they represented periods before and after the embargo.

The study was done to compare the number of outpatients who consulted our general medical, diabetic and hypertensive clinics. It also includes number of patients admitted to the medical units and the mortality during these two periods.

The study showed,

- 1- Number of diabetic outpatient.
1990 1978 pateints
1991 4959 patients
Increment 150%
- 2- Number of diabetic In Patients
1990 73 patients
1991 83 patients
increment 12 %
- 3- Number of hypertensive patients
1990 1750 patients
1991 4200 patients
increment 150 %
- 4- Number of hypertensive in patients
1990 30 patients
1991 58 patients

5- Number of asthmatic outpatients
1990 2550 patients
1991 2950 patients
increment 68 %

6- Number of asthmatic in patients
1990 25
1991 36
increment 68%

7- Number of Heart Failure patients
1990 50 patients
1991 116 patients

| | | |
|-------------------|-------------|-------------|
| 8- Mortality | <u>1990</u> | <u>1991</u> |
| Diabetis Mellitis | 72 | 81 |
| Hypertension | 82 | 112 |
| Bronchial Asthma | 21 | 23 |
| C.V.A. | 95 | 73 |
| Heart Failure | 41 | 57 |

CONCLUSION

The above study shows that there is great increase in the number of patients attending the outpatient clinic, and the number of admissions and death in which the economic embargo has its great effect.

The Effect of Sanction on Surgery

Dr. M.A. Al - Kadhi, FRCS.

SUMMARY :

The effect could be summarized into general and local or direct effect on surgery.

Generally blockade affected almost every aspect of life included medicine and surgery while local or special effect could be divided into:-

- 1- Shortage effect:- This is causing the severest impact on surgery. As there are shortages in every aspect of surgery pre. inter & postoperative but the most sensitive are the suture materials , gauze & anaesthetic drugs.
- 2- Effect on patients: - Like late presentaion, anaemia, less , Effect tolerance to pain & less determination to resist disease.
- 3- The effect on diseases : - Increase incidence of upper G.I.T bleeding. Sharp increase in Peptic ulcer cases with many flaring up of old ulcers, sharp increase in cases of clinical Ulcerative colitis
- 4- Effect on surgeons:- loss of contact with recent development in their fields. Lack of recent professional education. Absence of Periodicals.

The Effect of the Economic Blockade on the Major Surgical Operations in Iraq:

| المحافظة | Governorate | 1989 | 1990 | | 1991 | |
|------------|-------------|-------|--------|--------------------------------------|-------|--------------------------------------|
| | | | No. | The Percentage of decrease from 1989 | No. | The Percentage of decrease from 1989 |
| بغداد | Baghdad | 73278 | 39546 | 46 % | 30911 | 58 % |
| البصرة | Basrah | 10212 | 7707 | 25 | 6616 | 35 |
| نينوى | Naynawa | 12030 | 10022 | 17 | 8636 | 28 |
| ميسان | Maysan | 4740 | 1861 | 61 | 1557 | 67 |
| اربيل | Arbil | 7844 | 4521 | 42 | 2257 | 71 |
| القادسية | Qadisiya | 3856 | 2290 | 41 | 1415 | 63 |
| ديالى | Diala | 3135 | 2868 | 9 | 2247 | 28 |
| الانبار | Al-Anbar | 5442 | 4111 | 24 | 4058 | 25 |
| بابل | Babylon | 14933 | 4962 | 67 | 3176 | 79 |
| كربلاء | Karbala | 4274 | 2266 | 47 | 1316 | 69 |
| تأميم | Tameem | 7542 | 3814 | 49 | 2339 | 69 |
| واسط | Wasit | 2870 | 2105 | 27 | 1701 | 41 |
| ذي قار | Thiqr | 4864 | 2868 | 41 | 2402 | 51 |
| السليمانية | Sulaimaniya | 6635 | 3827 | 42 | 2141 | 68 |
| دهوك | Duhok | 4173 | 1961 | 53 | 1416 | 66 |
| المثنى | Muthana | 3429 | 1776 | 48 | 2024 | 41 |
| صلاح الدين | Salahadin | 6671 | 3572 | 46 | 1954 | 71 |
| النجف | Najaf | 5596 | 3940 | 30 | 1923 | 66 |
| العراق | Iraq | 18150 | 104017 | 45 | 78089 | 57 |

The effect of War and Sanctions on Surgical Operations, Anaesthesia, & Gynaecology and Obstetrics

Dr. Najwa Al-Nakkash
M.R.C.O.G.

Abstract :

A retrospective analytical study indicating reduction in the number of variable Gynaecological and Obstetric Operations Conducted at 4 recognized teaching hospitals in IRAQ, during a period from August 1990 till March 1992 (19 months) as compared to the number during similar period of time prior to the economic embargo. There is a definite significant decline especially in the no. of elective operations with all its effects on the surgeons, medical students and patients.

Effects of the Embargo on Nuclear Medicine Services in Iraq

Dr. Mohammed A. Al-Eid (M.D) - Assistant Professor
College of Medicine - Al-Mustansyriah University-Baghdad .

Abstract

Nuclear Medicine is an application of radionuclides and utilizing scintillation instruments in diagnosis and treatment of different disorders. Nuclear Medicine services in Iraq are performed in six Nuclear Medicine Departments in different hospitals, in addition to private radioimmunoassay (RIA) laboratories.

These services need availability of radionuclide generators RIA kits, radiopharmaceutical agents and installation of special scintillation devices with their spare parts. Most of these appliances are supplied by foreign companies. It is worthful to say, that a large number of nuclear medicine tests were discontinued because of the embargo. Therefore, thousands of patients had lost the usefulnesses of these tests in diagnosis and treatment of their illnesses, particularly those who having malignant diseases. To demonstrate the importance and advantage of these radioisotopes test, for instance, about 19306 of various nuclear medicine tests were performed in the Institute and Hospital of Radiology and Nuclear Medicine during 1989, and one can imagine the actual problems of the embargo, certainly, this is discordant with all international and religion laws.

The embargo, undoubtedly, has a serious effects on health services in Iraq and in particular on nuclear medicine services since the embargo has prevented supplying the following items concerning with nuclear medicine activities:

- (1) All kinds of radionuclides and kits.
- (2) Polaroid films, X-Ray films and processing materials (developer and fixer) .
- (3) Spare parts .
- (4) Maintenance of nuclear medicine instruments by foreign company
- (5) Supplying and installation of new gamma cameras by international company.

This decision, obviously, destroyed the plan of development and extent of nuclear medicine services in Iraq. It is painful to say that the

embargo has led to great disadvantages such as :

- (1) Nuclear Medicine Services became completely out of medical aids
- (2) improper management and follow up of cancer patients due to inability to detect early secondary metastases utilizing radioisotope test .
- (3) A sizable number of patients with thyroid cancers are unable to continue their management because of unavailability radioactive iodine doses .
- (4) Moreover, discontinued of training for postgraduate nuclear medicine students (Diploma and Master in Nuclear Medicine).

However, all of these effects will be demonstrated and discussed in this conference and looking to overcome these situations.

Epidemiology of Viral Hepatitis in Naynawa Governorate

(A study about the increase in morbidity and mortality with acute hepatitis)

**Dr. D.A.M. Mohammed , Msc. Comm. Med C.D.C.
Center, Ministry of Health**

Introduction:

Viral hepatitis is one of the major public health problems in Iraq . It is well known that viral hepatitis causes low mortality rate due to fulminant hepatitis.

Type A : < 0.1 %

Type B,C : < 1%

Type E : up to 10 specially among pregnant women during the third trimester.

During the last few months we noticed a rise in cases of jaundice with fever leading to hepatic coma and death.

The Aim:

1. To know the cause of the disease: is it viral hepatitis?
2. The causes that made this change in the epidemiology of the disease.

Materials:

1. The statistical data about cases of viral hepatitis recorded by Naynawa health office.
2. The study of case sheets of acute cases that ended with death .
3. The information gained from a visit to Naynawa to look for these cases and to study any factor that caused acute hepatitis like acute poisoning with chemicals, drugs and other communicable diseases.

Results:

1. Fig. 1 compare between cases of viral hepatitis recorded during 1990 , 1991 and the first three months of 1992 in Naynawa. It

shows an increase in cases recorded during the second half of 1990, 1991, while the low number of cases during the first half of 1991 do not reflect the real picture but it is because of weak recording due to the conditions of war. Where as during the first three months of 1992 there is a noticeable rise of cases (three folds).

2. Table 1 shows the number of deaths during December 1991, January and February 1992. The deaths happened in all parts of the governorate, and the mortality rate was equal between children, adult males and females while it is exceptionally high among pregnant women.
3. Table 2 shows the number of cases and deaths during December 1991 and the first three months of 1992 . The total mortality rate reached up to 13% From these 10% was among pregnant women which is very high.
4. The results of Lab. investigations showed that from 139 cases recorded during the first three months of 1992 , 14(10%) were type B and 6 (4.3%) were type A, while the rest were negative to (type A,B,C) which indicate that the case either type E or due to other causes.
5. The study of case sheathes of dead patients showed that the clinical picture and lab. investigations was indicative of acute hepatitis leading to hepatic coma and dead. And none of these cases was positive to viral hepatitis type (A,B,C).

THE LAB. MATERIALS FOR VIROLOGICAL EXAM. OF HEPATITIS WILL FINISH WITH IN LESS THAN ONE MONTH

6. the investigations done on food stuffs confirmed that there was no any contamination with chemicals or poisons, these tests were done both in nutrition and chemical institutes in Baghdad.

Conclusions:

1. The results show that there is a rise in the number of acute hepatitis cases and there are sharp increase in the number of deaths among pregnant women due to acute hepatitis.
2. These cases could be:
 - A. Viral hepatitis type E, which is characterised by high mortality

among pregnant women, and this is due to pollution of water or lack of safe drinking water due to the embazgo and lack of chlorine and inability to substitute any failure in the machines of water treatment plants.

- B. Acute fatty liver, due to both malnutrition and under-nutrition specially lack of protein supply which may cause this condition among pregnant women because of increased demands for proteins and proper nutrition during pregnancy.
- C. Septicemia, leading to hepatitis to hepatic coma, and in these cases there is a deficiency in the proper antibiotics needed for the managment of such cases.

Recomendations:

For accurate diagnosis for such cases, specially when there is high mortality rate due to acute hepatitis, these measures have to be undertaken:

1. Liver autopsy.
2. Blood exam. for any chemical poisoning.
3. Blood sample for serological study to any case of acute hepatitis.
4. Examination of the eye for copper poisoning (checking for kayser- Flescher ring).
5. Control and check up of mills and stores of cereals and poultry farms.
6. Prevention of hunting of birds and fish by chemicals.
7. Prevention of using of expired contraceptive pills.
8. Investigation of any similar disease among the animals in the same area where cases are recorded.

*** Economic embargo effect at number of communicable diseases in Iraq:**

| Diseases | 1989 | 1990 | | 1991 | |
|-----------------|-------|-------|----------------------|--------|----------------------|
| | | No. | increase range/89 | No. | increase range/89 |
| Polio | 10 | 56 | 4,6 | 186 | 17,60 |
| Diphtheria | 96 | 168 | 0,75 | 511 | 4,32 |
| Whooping Cough | 368 | 489 | 0,33 | 1537 | 3,18 |
| Measles | 5710 | 7524 | 0,32 | 11358 | 9,81 |
| Rubella | 514 | 693 | 0,35 | 2848 | 4,54 |
| Tetanus N. | 42 | 393 | 8,35 | 936 | 21,28 |
| Tetanus | 32 | 87 | 1,72 | 933 | 28,16 |
| Pneumonia | 6612 | 11713 | 0,77 | 23529 | 2,56 |
| Mumps | 9639 | 15963 | 0,66 | 22718 | 1,36 |
| Cholera | Zero | zero | zero | 1217 | 1217 |
| Typhoid | 1812 | 1240 | 0,24 | 17524 | 8,67 |
| Giardiasis | 73416 | 11322 | 0,54 | 501381 | 5,83 |
| Int. Amoebiasis | 19610 | 32957 | 0,68 | 58311 | 1,97 |
| Hepatitis | 1816 | 3228 | 0,78 | 11135 | 5,13 |
| Malaria | 3428 | 3924 | 0,14 | 7105 | 1,07 |
| Leishmania | 1829 | 1894 | 0,03 | 8233 | 3,50 |
| Kala-Azar | 491 | 576 | 0,17 | 3713 | 6,56 |
| Haemorrhagia.f | 38 | 42 | 0,11 | 196 | 4,16 |
| Undulant.F | 2464 | 2816 | 0,14 | 13106 | 4,32 |
| Toxo Plasmosis | 372 | 512 | 0,38 | 2223 | 4,98 |
| Meningitis M. | 2559 | 1810 | 0,29 | 5792 | 1,26 |
| Hydatidosis | 370 | 406 | 0,10 | 1787 | 3,83 |
| Scabies | Zero | 198 | 198 | 1892 | 1892 |
| Rabies | 20 | 37 | 0,48 | 256 | 9,24 |

Number of mortality due to liver hepatitis for December 1991, Jan and Feb, 1992 .

Table (1)

| No. | Area | Dec. 1991 | | Jan. 1992 | | Feb. 1992 | | Total |
|-----|--------------|-----------|----------|-----------|----------|-----------|----------|-------|
| | | Child | Pregnant | Child | Pregnant | Child | Pregnant | |
| 1 | Naynawa | 2 | -- | 1 | -- | 2 | -- | -- |
| 2 | AL-Baaj | -- | 1 | -- | 1 | -- | 1 | 3 |
| 3 | Sinjar | -- | 1 | 1 | -- | -- | | 2 |
| 4 | Al-Hadar | -- | 1 | -- | 2 | -- | 1 | 4 |
| 5 | Al-Namroud | -- | -- | -- | 1 | -- | -- | 1 |
| 6 | Rabeea' | -- | 1 | -- | -- | -- | -- | 1 |
| 7 | Telkaif | -- | 1 | -- | -- | -- | -- | 1 |
| 8 | Al-Hamdanieh | -- | 1 | -- | 1 | -- | -- | 2 |
| 9 | Qayara | -- | -- | -- | -- | -- | 1 | 1 |
| | Total | 2 | 6 | 2 | 5 | 2 | 2 | 20 |

Number of incidence and Morttality due to rival hepatitis for Dec. 1991, Jan and Feb.and Mar. 1992

Table (2)

| Month/Year | Total Cases | Mortality No. | % | Mortality Pregnant s | % |
|------------|-------------|---------------|------|----------------------|-----|
| Dec./1991 | 60 | 8 | 13 | 6 | 10 |
| Jan/ 1992 | 70 | 7 | 10 | 5 | 7.1 |
| Feb./1992 | 39 | 5 | 12.8 | 3 | 7.7 |
| Mar./1992 | 30 | 1 | 3.3 | 1 | 3.3 |

اسباب التهاب الكبد الفيروسي (نينوى) (Naynawa)
Incidence of Viral Hepatitis (Ninawa)

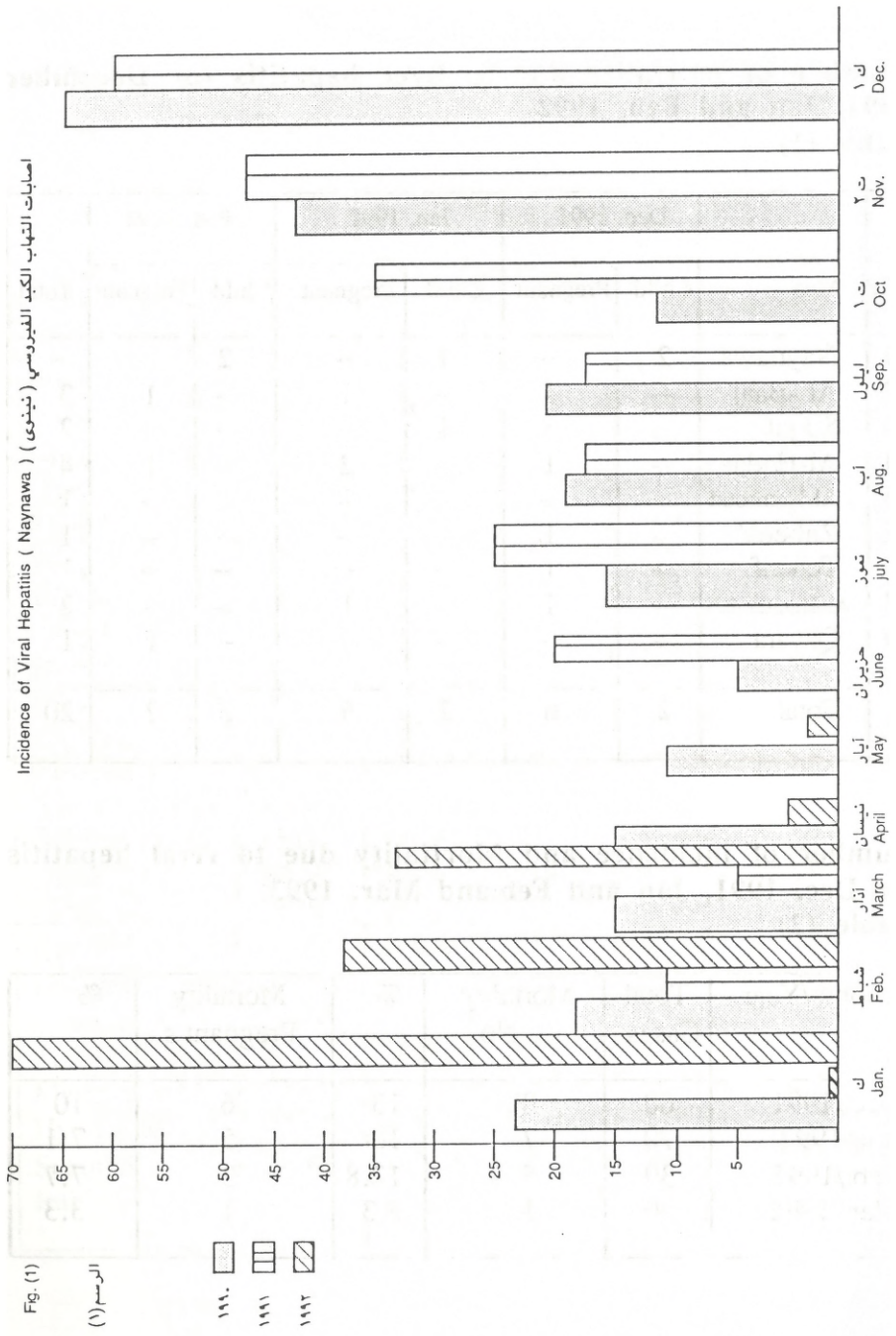


Fig. (1)

الرسم (١)

- 1990
- 1991
- 1992

The Effect of Aggression and Blockade on The Work in Medical Laboratories at Al-Yarmook Teaching Hospital

**Dr. Nazar AL-Nasiri, MB. ChB, MRCPATH,
Director of the Teaching Laboratories,
Al-Yarmook Teaching Hospital, Baghdad**

Abstract:

The teaching laboratories are involved with routine work for patients. Different disciplines are involved in diagnosis such as histopathology, cytology, hormone radioimmunoassay, haematology, clinical chemistry, immunology, blood banking, microbiology and virology. There were lots of obstacles and difficulties in running the daily lab work because of the blockade and aggression which started on 2/8/1990 until now. There was a direct effect on the work in the hormone radioimmunoassay laboratories. None of the hormone assays have been done ever since 2/8/1990 because radioisotope kits were not allowed to be imported. Many of the other vital tests needed for the diagnosis of a variety of emergency as well as chronic conditions were brought to a standstill because of the inavailability of reagents and materials lack of maintenance and absence of spare parts of most of equipment and appliances resulted in the breakdown of machinery. In addition, research field was also greatly damaged and inhibited. Power and electricity cut during the war and afterwards resulted in the delay in diagnosis of many consequent serious effects on the patient's welfare. Commuting to the hospital for the lab personals were also difficult because of inavailability of transport facilities. Thus, resulting in disorganization of lab work..

Effect of the Economic Embargo ... at the Laboratory activity in Iraq:

| Kind of Test | 1989 | 1990 | | 1991 | |
|-----------------------------|----------|----------|--------------------|---------|--------------------|
| | Number | Number | Decrease rate/1989 | Number | Decrease rate/1989 |
| 1.Biochemistry | 4203198 | 3116910 | 26% | 1617154 | 61% |
| 2. Bacteriology | 1008264 | 666885 | 34% | 316420 | 66% |
| 3.Blood Diseases | 5180829 | 4361059 | 16% | 2536919 | 26% |
| 4. Blood Bank Investigation | 2213330 | 1199639 | 46% | 811606 | 63% |
| 5. Serology | 711853 | 489243 | 32% | 280929 | 60% |
| 6. Cytology | 355266 | 20679 | 94% | 6877 | 98% |
| 7. Histopathology | 186348 | 36540 | 81% | 20702 | 89% |
| 8. Other Investigation | 4059516 | 3207108 | 21% | 2034751 | 50% |
| Total | 17928604 | 13094763 | 27% | 7625355 | 57% |

The Effect of Sanctions on Patients with G.I.T & Liver Diseases

Dr. Macki H. Fayadh . Iraqi Society of G.I. & Liver Disease

ABSTRACT :

Patients with acute and chronic diseases of GIT & Liver suffered seriously from the great shortage in preventive, diagnostic & therapeutic measures.

Most commonly affected patients are those with peptic ulcers, who suffered from lack of drugs or discontinuity of treatment and the very expensive drugs used if brought from abroad, & those who have high incidence of complications including bleeding , G.I. obstructions.

The program of hepatitis prevention has ceased completely due to shortage of supply of vaccine & lack of testing for blood , with more increase in the cases of post transfusion hepatitis.

Cases of ulcerative colitis are seen more frequently with more morbidity and mortality for same reasons above.

Repair of diagnostic & Therapeutic tools have stopped completely due to shortage or absent spare parts.

Up to date information about recent advances in diagnosis & treatment modalities have ceased completely.

Increase of Acute Paralytic Poliomyelitis Incidence in Baghdad City After the War

Dr. Waill Moh. El-Shihabi

**Consultant in Rheumatology & Rehabilitation,
Chief Editor of Iraqi Medical Journal, POB 3168,
Baghdad, Iraq**

Acute paralytic poliomyelitis disease becomes a rarity in developed countries, but in most undeveloping countries poliomyelitis remains uncontrolled and each year half a million children in the 3rd world are killed or crippled by poliomyelitis. (The Lancet Vol. 1 for the 1981 No. 8216 page 399).

Poliomyelitis was a common disease in Iraq. During the year 1969 & in period of 8 months, 748 new acute paralytic cases were collected in Rehabilitation Centre in Baghdad City (Records of the Rehabilitation Center).

At the year 1974 the incidence of acute paralytic poliomyelitis was increasing , so 8-10 cases were seen daily in a small department of rehabilitation in Yarmouk Teaching Hospital.

At the year 1980 a campaign against poliomyelitis began in Iraq. Mass vaccination was done (Oral Type) and better sanitation was reached. At the years 1988-1989 it was difficult to see a case of acute paralytic poliomyelitis even to show it to student and resident doctors.

At the year 1991, I saw new cases of acute paralytic poliomyelitis. 15 cases are seen by me only.

Causes are cut supply of electricity leading to destruction of oral vaccine, break of cold chain of vaccine, bad sanitation, polluted drink water, bad sewages and difficulty of transportation during and after the war.

I hope that poliomyelitis is abolished not only in Iraq but also all over the world.

Call for all NGOs in the World From Iraqi Medical Journal

Dear Sirs,

I want to inform you that the Iraqi Medical Journal issued by Iraqi Medical Association established at the year 1953 stopped since 1990.

160 articles considered as original articles , comparative studies and prospective studies are accepted for publication. But due to embargo this journal is stopped from issue. NGOs Can raise voice of this journal to the medical journals in the world for help to continue.

Please write to :

Dr. Waill Moh. El-Shihabi

Chief Editor

Iraqi Medical Journal

P.O.Box 3168

Baghdad-Iraq

Through: Arab Emergency Health Committee

P.O.Box 915 - Amman Jordan

Management of Children with Maxillofacial Injuries Caused by War

Dr. Sabri Shuker .

Sa'eed Adnan Kairallah Hospital-Baghdad .

The tragedy of children deficiency in food and milk plus pshycological effects was not the only suffering inflicted on Iraqi children .

We were not able as surgeons to help in immediate management of war maxillofacial injuries in children because of the destruction taking place on roads, bridges and hospital facilities all over Iraq.

So we received children with severe facial war injuries associated with severe infection, sequastration, leading to severe deformity.

Too many of the youngsters lost their vision. These are a few of those received while some of them lost their lives due to the mines dropt from planes at civilian areas attracting the children which works as bodytraps.

The Effect of the Economic Sanction and Aggression on Pattern of Skin Diseases in Baghdad City

Dr. Tarik H. Al-Anni * -President of Dermatological Society-Baghdad.

ABSTRACT:

This study has tried to shed light on the changes occurred on Skin Diseases in Baghdad City due to the Economic sanctions and war imposed by the U.S.A. &Its Allies on Iraq. **

We found a big increase in Skin Diseases caused by some kinds of insects, and Acarina as well as that caused by Protozoa, especially Cutaneous Leishmaniasis known in Iraq as Baghdad Boil .

We also noticed some increase in skin diseases due to psychological effect, in addition to the loss of medical control on some of chronic skin diseases which were under our medical control till the date of American Aggression on Iraq .

* Dr. Tarik El-Aani-Consultant Dermatologist - Baghdad Teaching Hospital, Baghdad, Iraq.

** Economic Sanctions started on 6/8/1990 included all material (Medicaments, Foodstuffs, Cleaning Materials, and Water Purifications Equipments,). The aggression started on 17/1/91 by Air-Raiding - Iraqi Cities. The Economic Sanctions is still continuing till the date of preparing this paper in April, 1991.

Introduction

Usually some situations consequenced from wars lead to some changes in the pattern of skin diseases and to the appearance of many skin diseases which might not happened in the ordinary situations.

Increase of some endemic skin diseases and rapid spread of them is usual in the wars times.

The wars cause starvation and deprivation care for cleanity no much paid attention because of insufficient time, non-availability of possibilities used for cleaning and for decrease desire for cleanity because of the hard situations of war.

Crowding of people in tide places as happened during immigration leads to rapid spread of skin diseases.

Difficulties in consultations in due course, and in isolation of patients and unavailability of medicines are important factors in spread of skin diseases.

Psychological crisis and tension of war especially Air-Raiding have bad effects mainly on children and may cause skin diseases related to the psychological effect.

Imposing economic sanction on the country in conflict especially when food stuffs and medicaments are included leads to increase in spread of skin diseases.

Patients

During the period from September 1990 to December 1991, 4500 patients with skin diseases were seen and recorded.

Diagnosis was made clinically and confirmed by laboratory test in doubtful cases.

Cases of burns and venereal diseases which are traditionally seen in our department were excluded from this study.

We compared this study with a previous one done at same department two years before sanction and aggression.

Results

There was a high increase in percentage of skin diseases due to insects, Acarina and protozoa. So Scabies pediculosis especially pediculosis pabis and cutapeous Leishmaniasis show prominent increase.

Skin diseases due to bacteria also increased especially cases of

impetigo contagiosa in children, boils, intertrigo etc.

There was increase in skin diseases caused by superficial fungal infection, especially cases of Tinea capitis in children, Tinea Cruris and Candidiasis.

There was no increase in viral skin diseases, more in skin diseases due to allergy.

There was a flare-up of some chronic skin diseases which were under medical control with maintenance doses of medicine till the beginning of aggression, so we find flare-up of diseases such as Pemphigus, Pemphigoid, Exfoliative Dermatitis and Generalised Pustular Psoriasis.

" See Fig 1,2 "

Discussion:

Baghdad City is situated on the both Banks of Tigris River, the right side called Karkh and the left side is called Rusafa. Baghdad Populations is about five millions, All of them suffered from the Economic sanction and War Difficulties and were target for American Aggression.

As a Doctor and one of Baghdad citizen accompanied all events of war and sanction, I will try to define the reasons which led to the changing in the skin diseases, and the rapid spread of them as follows:

1- Immigration

2/3 of Baghdad citizens, especially women, children elderly people and patients left Baghdad to other Iraqi Cities, towns and villages to share peoples of these areas in their food, shelters beds and other life requirements. Each family of these areas hosted one or more families from Baghdad.

2- Shortages of water supplies, fuel and electricity.

A- The aggressors jet planes destroy mostly all the water treatment stations and distribution sources in Baghdad one week after the beginning of the Air-Raiding Citizens of Rusafa side had to depend on the water of the river, those at Karkh side only managed to be supplied with less than 1% of their requirements

B- During the aggression all fuel producing stations were completely destroyed, so fuel was no more available for cars and other transport means during the aggression and

for two months after seizing of fire. This led to a big transport and communication difficulties.

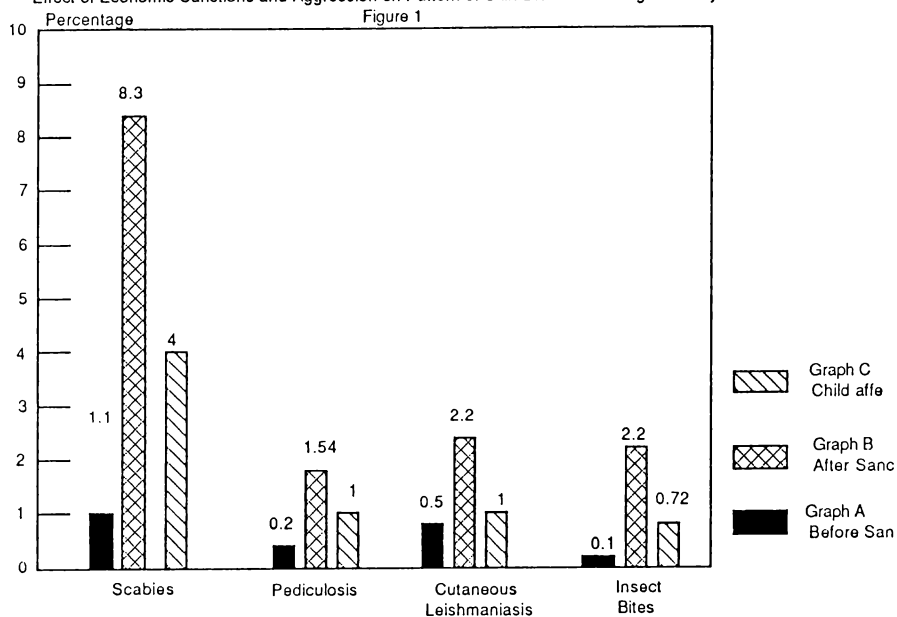
- C- All electricity producing stations in Iraq were destroyed during the first week of aggression. All the mentioned factors led to :
- 3- Difficulties of medical consultation. Because of transport difficulties it was not easy for patients to attend for consultation and treatment in the right time.
 - 4- Psychological effects of sanction and aggression especially on children and pregnant women, Air-Raiding which was continuous for 42 days especially at night time was very distressing for children.
 - 5- Shortage of Medicines and Medical equipments stoppage of shipment of medicaments to Iraq even those already signed contract of and paid for the acute shortage of medicines used for treatment of skin disease led to rapid spread of some communicable diseases.

Conclusion :

- 1- Sanction and Aggression caused a high increase in some skin diseases.
- 2- Children are mainly affected.
- 3- We are still in need of medicines and medical equipments, thank a lot for all NGOS who help us in this field.
- 4- We beleive that the right solution is to relieve the Sanction.

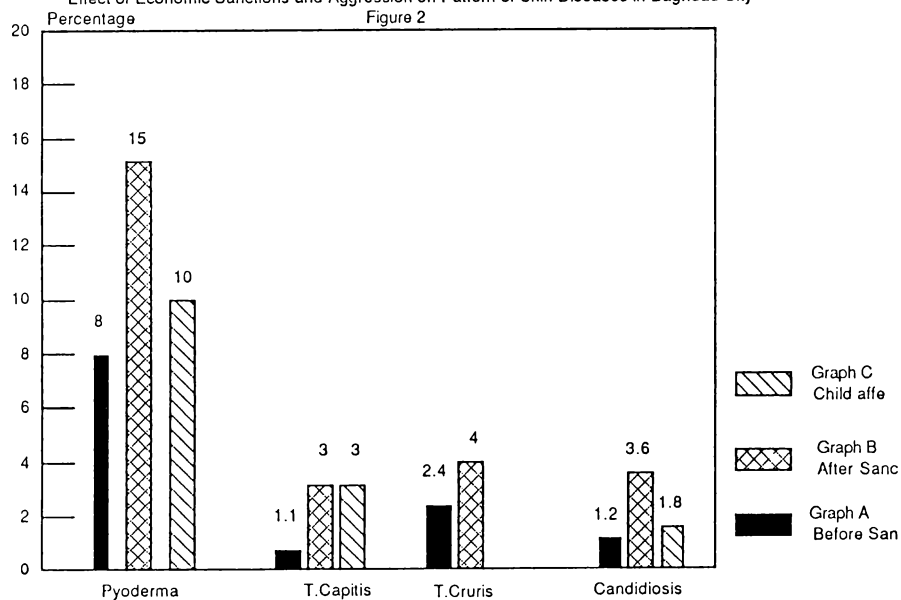
تأثير الحصار الاقتصادي والعدوان على الامراض الجلدية في بغداد - الشكل ١

Effect of Economic Sanctions and Aggression on Pattern of Skin Diseases in Baghdad City



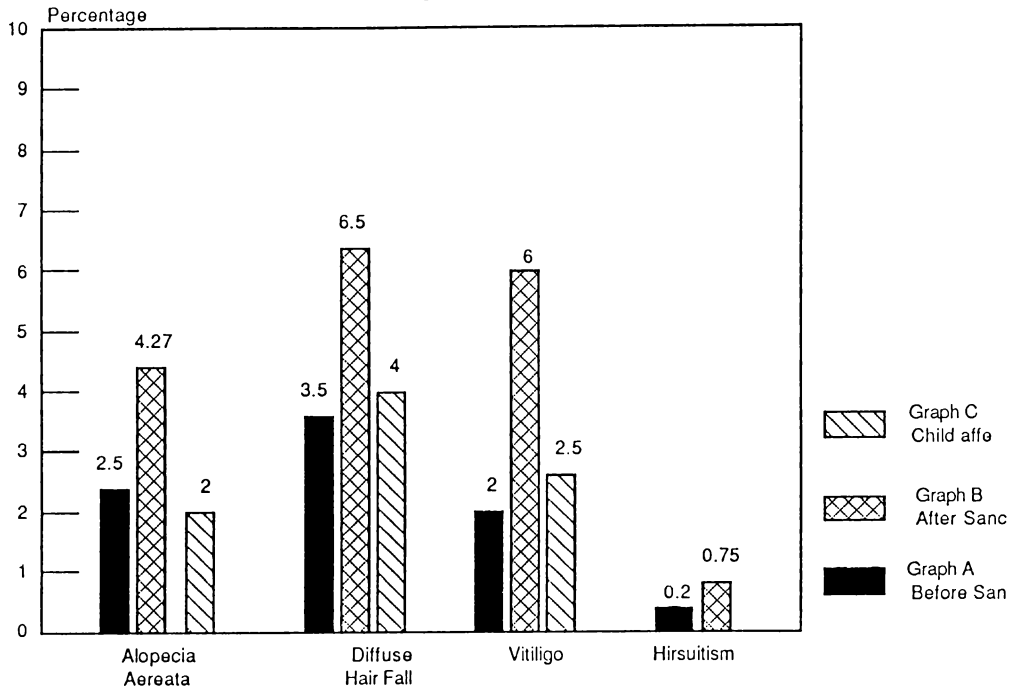
تأثير الحصار الاقتصادي والعدوان على الامراض الجلدية في بغداد - الشكل ٢

Effect of Economic Sanctions and Aggression on Pattern of Skin Diseases in Baghdad City



تأثير الحصار الاقتصادي والعنصرية على الامراض الجلدية في بغداد - الشكل ٣

Effect of Economic Sanctions and Aggression on Pattern of Skin Diseases in Baghdad City
Figure 3



The Effect of the Economic Blockade on the Drug Situation

Mr. Q. Salman - General Company for Drugs and Medical Appliances .

The effect of the economic blockade on the drug situation in Iraq is seen from two sides. The first is the percentage of drugs imported from outside the Country, and which represents more than 80% of the pharmaceutical forms of drugs used in the Country. This percentage was encompassed by the blockade directly because of the freezing of Funds and the measures taken by western governments, and in a way which led to the impeding of the export of drugs to Iraq, despite the resolutions of the Security Council which excluded medical materials from the blockade measures.

As for the second side of the effect of the economic blockade, this results from the severe decrease, or the stopping of the production of local drug factories as a result of nonavailability of the greater part of raw materials which used to be imported from outside the Country, or their destruction during the aggression and the period of treason and treachery.

In order to give the real size of the effect of the economic blockade on the drug situation, we must show the export measures which the General Company for Marketing of Drugs and Medical Appliances takes to supply the needs of the Country in the way of drugs throughout the year. These are as follows:-

- 1) In January and February the Planning Dept., in the company studies the needs of medical institutions, both government and private sectors, for the following year and write down these needs and forward them to the Distribution Dept., in the Company.
- 2) In March the Distribution Dept., studied these requirements comparing them with the balances available in the stores, and fix the final amounts required to be made available, and forwards this to the Import Dept.,
- 3) Beginning from April the Import Dept., contacts the companies and negotiates with them and makes contracts with them.
- 4) After this, the operation of opening credits and shipping measures and whatever else in the way of completion operations is begun in

this connection.

From what has proceeded, it is clear that most requirements begin to arrive at the Company's Stores in the last third of the year in order to prepare them to cover the requirements of the coming year. If we know that the economic blockade was imposed on Iraq at the beginning of the last third of 1990, this means that most of the requirements of 1991 is shipping was stopped or were seized, despite that the cost of some of them was already paid. The humanity of those responsible for these seizures, was such that these materials were left seized until they reached the expiry dates or left only several days from these dates in order to be let free. This is one of the fruits of the new world order..(very humane...?). In order to overcome this shortage in the quantity of drugs, a work plan was made, by means of which the amounts which are supplied to medical institutions were changed, in away which ensured that they continue in presenting their humane services for the longest period possible, and in away which results in the greatest benefit from the drug and the least limit of supply. But the aggression, in both its forms, and as a result of spreading the storage of drugs in most governates of the country, led to the loss and damage of the stores, which resulted in an extreme and dangerous decrease in drugs. In addition, the destruction of electricity generation plants led to the halting of cooling equipment, and the damage of vaccines, serums and drugs which need cold places to keep them. From this we draw the following conclusions:-

- 1) The non-availability of serums and vaccines led to an increase in epidemic sickness cases, which requires the increase of drugs prescribed for treatment of these cases at a time when Iraq is suffering from the blockade.
- 2) The blow at the infrastructure led to environmental pollution as a result of halting of pumping stations for pure water and nonavailability of water suitable for drinking in the period following the aggression, which provided suitable opportunity for the growth and spread of diseases.
- 3) The aggression and the many injuries which accompanied it led to the finishing of most drugs used in surgical operations, the fact which led later to the postponement of many surgical operations and increase in the suffering of those who were ill who are in the greatest need for these operations to be done.
- 4) There is continued suffering for those with chronic illnesses such

as cancer and diabetes, and those with renal transplants, and hypertension.

- 5) This suffering did not exclude anyone. Children, women, the elderly, and youth all are under the threat of non-availability of treatment in case of illness. The list of non-available drugs, and insufficient drugs, is great, and comprises all types of drugs up to medical milk for children.
- 6) Furthermore, as is well known, diagnosis is one of the important elements in the treatment of the ill. The suffering concerning the availability of medical laboratory materials is very great, since most supplying companies refuse to supply Iraq with these materials under pressure from the governments of the countries to which these companies belong, and with illogical justifications.

From what has preceded, it is clear that the continuance of medical institutions in carrying out their services during the past period was a result of the rationing plan which the company followed and the goodwill aid of humane organizations, which we value greatly because it represents a case of human continuity, despite the fact that this performance of our health institutions in all cases is below the lowest level of human ambition, because of the dangerous and severe scarcity in drugs and medical appliances. And with the passing of time, and because the reserve stores are starting to finish, and because for each drug material there is a period after which it cannot be used, and because aid presented by drugs, the suffering of those who die has increased, those who look for drugs which can save them and alleviate their pains. The number has increased of those who ask what is the world declaration of human rights and similar declarations, if human rights are violated publicly and openly.

If murder is a crime, making drugs inaccessible to the ill to the point of death, is the most ugly of crimes. Therefore, what calls for silence regarding it.

Drugs whose balance is zero at the end of 1991 were (402) drugs out of the total drugs used in the country and which amount to (1013) drugs. As for drugs whose balance reached under the minimum level at the same date, this was (498) drugs, i.e. there are (900) drugs whose balance is zero or less than the minimum level out of a total of (1013) drugs used in the country. This was at the beginning of 1992, i.e. before four months from now.

In order to surmount this dangerous situation, the Economic

blockade must be lifted, so that things can return to their natural state, since human aids do not meet the Country's need, and a day must not come when one ill person is treated out of every ten who are left to their pain.

This is an appeal for help from thousands of ill people which implore you to work for the lifting of the blockade and save them from their pain.

Infectious Diseases in Iraq After War

Dr. Tarik AL- Hilli
Consultant Paediatrician
College of medicine
Al-Mustansyriah University

Due to the destruction of power station during the war the vaccines available at that time had been destroyed, in addition to decrease in supply of vaccines after war because of the embargo, a sharp increase in the infectious diseases in the population mainly, whooping cough, polio, diphtheria, measles.

The statistics from Saddam central children hospital & Infectious hospital showed 5-10 times increase in those infectious diseases.

In addition due to destruction of water supply a lot infectious diseases related has been increased 5 times in comparing with last year before the war like typhoid fever & gastro-enteritis.

Now to solve the problem to stop the embargo & to allow vaccines to be available as before & in this way save the children from those infectious diseases.

The Effect of the Embargo on the Services of Blood Transfusion

Dr. Hani Salem Hafed

Abstract:

The effect of the embargo included all the aspects of life and the medical services, ingeneral, and the services of blood-transfusion, in particular, as results of :

1. The rising rate of diseases; as a result of that the rise of the need to blood.
2. Shortage of nutrition and , therefore, decrease number of blood-donors.
3. The scarcity and the decrease in the equipment needed for blood-transfusion from the volunteers such as blood bags, test tubes disposable syringes.
4. Shortage of kits for laboratory needs .
5. Increase in side effects due to unscreened blood transfusion given to chronic patients.

Solution

Stop the Embargo.

The Effect of the Economical Embargo on the Services of Blood-Transfusion

The national center for blood-transfusion is one of the medical institutions which has direct relation with the life of citizens. The services of blood-transfusion have been affected in the country, especially that which the national center for blood-transfusion undertakes. They were highly affected because of the imposed economical embargo on the country due to the reliance on imported medical equipment and requirements. Because the obligations of the N.C. for blood-transfusion are multiple, the economical embargo has affected clearly all the aspects of daily life to the center:

1. Bags for blood drawing from volunteers.

| | |
|-----------------------------|-----------|
| received quantities in 1990 | 67250 |
| received quantities in 1991 | 56700 |
| Reserves | 7800 only |

We have adjured the red crescent to react directly through communicating with the humanitarian organizations, for helping us by the supply of these bags. And we adjure all the participants of the conference to demand the removal of embargo on the blood bags which are paid for and have never arrived.

2. Hepatitis and AIDS Screening tests. It is impossible to prepare any quantity of blood to the patients without performing the above mentioned tests, which is applied since 1985 in all blood banks in the country. It is awfully remorseful that the embargo and the sanctions touch this field despite the claim that the embargo includes the economical sides only. The tools of testing Hepatitis have been consumed at the national center of blood-transfusion. Testing had been stopped from Jan., 13, 1992 to Feb., 1, 1992. The return to testing was due to the received humanitarian assistance, we were obliged to prepare blood without testing against Hepatitis during the mentioned period with a quantity (3,666 units). But we have preserved the blood serum for testing it again.

The total of Hepatitis' testing type (B) was as following:

1990 (74212) tests and in 1991 (6203) tests. This shows the units and the number of blood-donors. The tools, used in

testing Hepatitis, were consumed on 23/2/1992 for the second time , and we received, on 25/4/1992 tools which can serve only for five days.

With regards to AIDS testing, the tests have been continued due to the availability of storage the special tools needed for testing in whole country as well as in bloodbanks.

The scantiness in the tools needed for investigating Hepatitis is a stationary truth, which calls to a direct reaction to break the embargo and to allow bringing the contracted tools with the producing companies to supply Iraq with them. This help will in avoiding the dangerous effects which result from preparing blood to patients without testing and its effect of the national plan and U.N. programs to stamp out Hepatitis.

3. The treatment of sensitive pregnant to Rh unit and blood washing unit. These units which are necessary for Thallasemia patients had been badly effected due to the embargo and here-under some figures which shows that .

| YEAR | WASHED RBCS | No.PLASMAPHE- RISIS | PLT.WBC HEMONETICS |
|------|----------------|------------------------|-----------------------|
| 1989 | 475 unit | 405 | 30 |
| 1990 | 923 unit | 401 | 28 |
| 1991 | 940 unit | 160 | 100 |
| 1992 | 36 unit | 36 | 11 |

It is will known that anti coagulant which is used in plasma pheresis has been expiered since July 1991 . It has been evaluated again by Department of Medical and Biological Control and its expierty has been extented until March 1992. We are completely paralyzed from work due to that, also there is not haemo-filtration for blood-wash for Thallasemia patients . We have already represented applications for our needs since September 1991 , till now we have'nt received any of these materials because of the embargo on our country . The embargo had caused several deaths for embryos due to haemolisis .

Several patients of Thallasemia had been effected severely and the side effects increased because it was not possible to supply them with

screened blood .

At the end we represent these hard facts for you in order to support us and to save the patients and the children in Iraq .

Patients ofThallasemia , 1990-1991 .

| Health Centres | Patient | | | | | | | | | | | |
|------------------------|------------------|------|-------|-------|-------------|-------|------------------|------|-------|-------|-------------|-------|
| | 1990 | | | | | | 1991 | | | | | |
| | Less than 1 year | 1-14 | 15-44 | 45-64 | 65 and more | Total | Less than 1 year | 1-14 | 15-44 | 45-64 | 65 and more | Total |
| Baghdad Health Centre | 12 | 7974 | 1278 | - | - | 9264 | 18 | 9052 | 1164 | - | - | 10232 |
| Saddam Medical Centre | 45 | 74 | - | - | - | 119 | 20 | 38 | - | - | - | 58 |
| Yarmouk Medical Centre | 33 | 210 | - | - | - | 243 | 43 | 269 | - | - | - | 312 |

Health Centres are in Baghdad governorate only .

Patients of Thallasemia admitted in Hospitals 1990-1991 .

| Health Centres | Patient | | | | | | | | | | | |
|------------------------|------------------|------|-------|-------|-------------|-------|------------------|------|-------|-------|-------------|-------|
| | 1990 | | | | | | 1991 | | | | | |
| | Less than 1 year | 1-14 | 15-44 | 45-64 | 65 and more | Total | Less than 1 year | 1-14 | 15-44 | 45-64 | 65 and more | Total |
| Baghdad Health Centre | 7 | 595 | 62 | - | - | 666 | 3 | 524 | 62 | - | - | 589 |
| Saddam Medical Centre | 20 | 35 | - | - | - | 55 | 24 | 28 | - | - | - | 42 |
| Yarmouk Medical Centre | 16 | 118 | 44 | 5 | - | 181 | 18 | 111 | 18 | 5 | - | 652 |

Baghdad governorate only .

The Effects of Blockade on Cardiovascular Problem in Iraq

Dr. Usama Jaber MRCP (U.K) - Consultant Cardiologist

ABSTRACT :

- 1- Marked shortage of pacemakers & cardiac Arythmia resulted in mark increase in cardiac mortality and sudden deaths.
- 2- Marked shortage of pre medication and anstatic gases so mainly effect the emergency cases.
- 3- Marked cuts in the No. of opperations for cold cases of cogenetal cyanotic heart disease so more babies died of cyonotic acut heart failure and cerbral abcess.
- 4- Artificial prostatic valves marked shortage so more deaths in valvolar heart surgery services and more SBE.
- 5- Lack of Anti angainal , anti hypertensive , anti arythmic, thrombolytic therapy , anticoagiolant, more increase of sudden deaths .
- 6- Marked shortage of monitor gas analyzers.
- 7- Ventelator and incubator, serves and mentinance became very poor, and more acute resirotary failure had suffered.
- 8- Antibiotics so more SBE, chest, wound infection and more neonatal infection and septicemia.
- 9- Neonatal surgery TEF, difra matic hermia, effective mortality of babies.
- 10- Dyes and films and cathetars for cathlab, with marked shortage effective the diagnoses and managment.
- 11- Stereliser so more operative and post operative infections.
- 12- Marked delay for cold surgery and cardiovascular in chest problems resulted in bad and serious complications.
- 13- Transport lack.
- 14- Nutritional feeding lead to Vitamien and protein calorie deplation observed.

Therapeutic Problems in Childhood Malignancy After Embargo

Dr. Ibrahim Al- Nassir, M.B.CH.,B.,F.A.A.P, consultant pediatrician

ABSTRACT: -----

The purpose of this study is to find out the impact of embargo on the therapeutic aspect of malignant diseases in children.

The Acute Lymphocytic Leukemia was taken as an example for this problem, because (1) It is the most common malignant disease in children, (2) Among human malignancies, the longest survival and the highest cure rate was achieved in this disease.

The remission rate, systemic and C.N.S relapses and the mortality was reviewed for a period of one year before the embargo (1990-1991) and one year after (1991-1992).

Our results was very dissappointing. The failure to achieve an initial mission was 5 times (500%) more than that before embargo. The systemic relapse was 2.3 times (230%).

While the C.N.S. relapses increased to 2.6 times (260%) and the mortality rate went up to 2.5 folds (250%). All those figures are statistically significant.

In conclusion, pateints with this disease suffered seriously and in all the stages of the disease, from the impact of embargo, and this is definetely the case with the other types of malignancies in childhood.

Blockade Consequences on Radiological Services in Iraq

Dr. Macki A. Alhilli
President of Iraqi Society of Radiologist .

Abstract

Radiology- diagnostic, interventional & Therapeutic services have been remarkably diminished, and showed extensive quality deterioration during the time of sanctions, because of the crude attitude of the world major powers approved against our nation.

Before that time , Rad. Services (general , angiography, CT, U/S, isotopes & R/Therapy) were quite competent , of reasonable proper quality, and rather cheapest in the world (Governmental support & financial backing to provide good quality exam, s, in almost free of charge).

With the embargo on X Ray films and allied materials, including spare parts , contrast mediums, isotope materials and others we obliged to use the available resources, mostly have passed the expiratory data in a limited use for some of the services, while others like gamma scanners & CT were totally inhibited.

This situation reflected on the accuracy of diagnosing diseases and management of specific diseases , if not a hazardous mistake in the diagnosis, with resultant effect on public health, spread of undiagnosed communicable diseases and improper follow up, with increased morbidity and mortality incidence, particularly among poor people and those lived in the country side, who cannot reach the capital or major cities or going abroad (cannot afford it) at least to get some possible radiological care available in some private clinics, though with difficulties.

On behalf of this career, a world wide request for radiologist and specialized companies to fulfill our demands of these vital items in order to go on with these services in a proper methods.

The Effect of the Aggression of the Thirty Alliances and the Economical Embargo on the Health of Pregnant Mothers in Basra Governorate

**Dr.Nather Sa'eed Hawa - Faculty of Medicine
Basra University.**

Introduction:

In order to understand the effect of the unjustified embargo on the health of the mother and the child in Basra governorate and to compare it with the period before the embargo the medical recording records at Ibn-Gazwan hospital for obstetrics have been counted from the beginning of January to september 1990; and was compared with the records of patients for the same period in 1991.It should be indicated that the result achieved here do not symbolize the real numbers in society as a one unit, but it gives the impression about the situation which pregnant mothers underwent throughout the embargo and the effect of that on their babies and deliveries.

Results:

1. The average of Patients; From Figure one and two it appears that the average of patients, admitted to hospitals throughout 1990, was merely stable but in 1991 the average of admissions was reduced in Feb., March and April; after that it began to rise. It should be indicated here that the Admission in Basra hospitals in 1990 was distributed on Ibn-Gazwan hospital and Al-Tahreer Hospital but in 1991 and in the first half of the year, the admissions to Ibn-Gazwan hospital was only limited for deliveries and Gynecological Cases were limited to Al-Tahreer hospital. Due to that, one can say that the average of admission to hospitals was decreased to the half, taking in consideration that Al-Tahreer hospital was covering about a half of maternity services and birth in 1991. It gives a clear idea about the inability of a high percentage of pregnant ladies from receiving care throughout their pregnancy and deliveries in 1991.
2. Diseases during pregnancy: schedule number (1) shows to us the average of diseases which have increased in 1991 and the comparison with 1990. Number of naemic pregnant ladies which has been admitted

for treatment, doubles while number of infectious diseases of urinary tract of liver of respiratory diseases increased as much as 3 times in comparison to 1990 number of chronic diseases which are not expected to increase due to the embargo such as hypertension we notice, from the schedule that there is no valuable rise statistically.

3. The ultimate outcome of pregnancy. Schedule(2) points out the ultimate out come of pregnancy in 1991, compared with that in 1990. It shows that there is an increase number of pre mature labours and number of abortions at 1991 which might be due to psychological and malnutrition factors which the pregnant mother passed through during the period of aggression and economical embargo. When we look at schedule number(3), we notice the number of cissarian section labours in 1991 was greater than the average in 1990. It is 86.4% in 1991 compared with 78.1%, in 1990 was elective cissarian sections. This demonstrates that pregnant women were receiving better care during pregnancy in 1990 than in 1991.

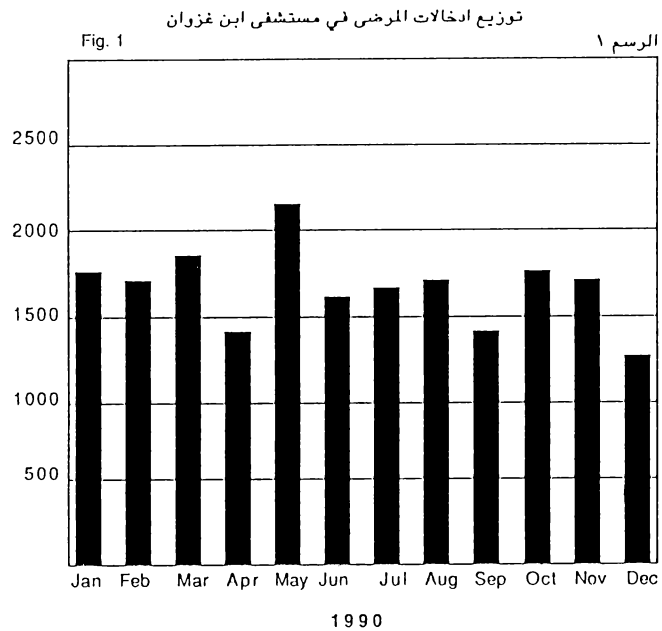
4. The ultimate outcome for fetals: schedule number(4) shows that the death of fetals was greater in 1991 and the same situation for neonatal death during the first week. The neonatal death, therefore, is greater in 1991 than that in 1990 (42,4 for everyone thousand birth compared with 30,1). with regards to congenital deformities in children, it was not compared, to know the effects of the aggression and the economical embargo on fetals, which can cause congenital defects are still pregnant while invistigating this research. With regards to mother death the rate does not increase, in spite of the obstacles and the difficulties which the hospitals underwent because of the embargo.

Conclusion :

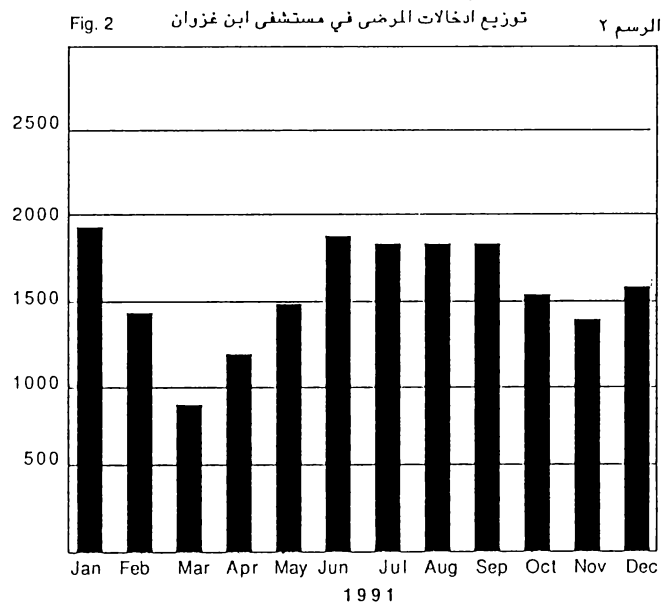
Through a study, invistigated at Ibn-Gazwan hospital, to illustrate the effects of the aggression and the economical embargo on the health of the mother and the child, and comparing the patients, who were admitted to hospital during the first nine months of 1991 with that in 1990, it appears that the mothers have not received a perfect care during pregnancy and labour. The reason of that was the inability to call on the health centers in the district. The rate of infectious diseases, anemia, premature labour and abortion was greater in 1991 than that in 1990. There was a noticed increase in neonatal death, whether in infra uterine or neonatal deaths.

Due to this we call all international humanitarian organizations and conscientious people to support Iraq and work on stopping the unjustified embargo on Iraq.

Distribution of Patient admitted in 1990 At Ibn - Gazwan Hospital



Distribution of Patient admitted in 1991 At Ibn - Gazwan Hospital



Antenatal medical Problems admitted in Ibn-Gazwan Hospital (1990-1991)

المشاكل الطبية لفترة الحمل في مستشفى ابن غزوان في الفترة
١٩٩٠ - ١٩٩١ .

Schedule (1)

جدول رقم (١)

| Medical problems during antenatal Period | 1990 (%) | 1991 (%) |
|--|------------|------------|
| Anemia فقر الدم | 0.6 | 1.3 |
| P.U.O (Typhoid ?) تيفوئيد | 0.7 | 1.8 |
| Other infections التهابات اخرى | 0.9 | 2.8 |
| Hypertensive disorder ارتفاع ضغط الدم | 5 | 6.5 |

Obstetrical outcome at Ibn-Gazwan Hospital in the years 1990-1991

الولادات في مستشفى ابن غزوان في السنوات ١٩٩٠ - ١٩٩١

Schedule (2)

جدول (٢)

| Obstetrical Outcome | 1990 | 1991 |
|--|------|------|
| Term delivery (%) الولادات المكتملة | 54.3 | 46.6 |
| Preterm labour (%) الولادات المبكرة | 3.7 | 6.4 |
| Abortion (%) الاجهاضات | 14.8 | 20.6 |
| Maternal mortality الوفيات اثناء الولادة | 3 | 2 |

Types of Caesarean sections (C.S.) Done at Ibn-Gazwan Hospital (1990-1991)

انواع العمليات القيصرية التي اجريت في مستشفى ابن غزوان
(١٩٩٠ - ١٩٩١)

Schedule (3)

جدول (٣)

| Tapes of C.S. | 1990 (%) | 1991 (%) |
|----------------------------|---------------|---------------|
| Emergency C.S. حالات طارئة | 78.1 | 86.4 |
| Elective C. حالات اختيارية | 21.9 | 13.6 |

Fetal outcome at Ibn-Gazwan Hospital in the years 1990-1991

النتائج الجنينية في مستشفى ابن غزوان في السنوات ١٩٩٠ - ١٩٩١

Schedule (4)

جدول (٤)

| Fetal outcome (per 1000 total birth †) | 1990 | 1991 |
|---|------|------|
| Still birth الولادة ميتا | 18.6 | 23.6 |
| Neonatal death وفيات حديثي الولادة | 11.5 | 18.8 |
| Hospital perinatal | 30.1 | 42.4 |
| Mortality rate الوفيات | ? | ? |
| Congenital anomalies التشوهات الخلقية | | |

Child Rights and Child Rights in Iraq

Dr. Houb Derick , Medical Aid for the Third World , Belgium .

In September 1990 , when Iraq and its children were under the imposed embargo by the U.S.A. and its allies, the international conference about children was been holding in New York of the UN. In the 30th of Sept. , 1990 Mrs. Thatcher said : " We should protect children from war and misery' and the U.N. should contribute in that " All the obove mentioned cannot always succeed but with our efforts we can achieve the required . Let us hear another voice, who defends children which is the voice of Mr. Bush saying : " Because of this historical meeting , I want to repeat that those children (the victims of war and misery) can be saved and we should be responsible as governmental groups and international group for the growing up. " In fact 159 countries have signed the final resolution of this meeting of the UN which says " the basic needs of children and families should be provided during wars and armed conflict or what follows " . The Gulf war and the continuation of keeping the embargo imposed is the longest of our human history . The promises of world leaders to break the embargo proves its (i.e promises) failure and groundlessness .

4000 children have died during the Aggression and there are 400,000 children whose lives are endangered .

" The provisions of child rights for the alive children and the survivals ? What is the Truth in Iraq ?"

Before anything , these are some elucidations :

- Most of the human and child rights come to support or add the given rights to all human beings . The goal is to value the special needs of children with the same value of human beings in the frame of development and benefit and especially in self-reliance .
- The civillian and political rights include giving any individual or nationality the freedom of expression and participation . It is worth mentioning that the law protects us from torture and ill-treatment . The special arrangements which the law defines throughout its provisions and the living conditions of children points out that children are prohibited from freedom and separated from their families .
- The economical rights of children include the child's rights in social insurance , raising his living status to reach a suitable level of better

growth and a larger protection for investment and work .

- The social rights of children include their rights in reaching the highest levels of medical service , good health conditions, and protecting them against sexual rape , besiege and adoption .

- The cultural rights of children include their rights in education and cultural beliefs , their rights in spending their free time , in play , participation in cultural and artistic activities .

The Iraqi children , who lived the hell of war and those who are still the prisoners of the imposed embargo upon them , are capable of expressing their rights frankly .

Iraq is a third country but it is a country who seeks to desert any law which humiliate its citizens, and it seeks to guarantee their comforts particularly its children .

Iraq has solved the problems of illiteracy, which is considered 3rd epidemic disease, it has conquered it on a large scale within a campaign started in 1985 and ended in 1990-during the Iraqi - Iranian war .

The ratio of illiterate people in Iraq is not more than 10.7% , where as it is 48.9 % in Saudi Arabia, 46.5% in U.A.E and 30% in Kuwait .

Education is an unpaid right from the stage of nursery to the end of the graduate stage . It includes the expenses of transportations to school . The work of children is an invisible picture at the strats of Iraq since a very long period because most of children are receiving their learning at schools . Nurseries help the Iraqi women in contributing activity in the economical , social and political life of the country . This is clearly visible to the other Arab countries . Those conditions have been changed since the aggression concerning the Iraqi children. We have witnessed that the schools and educational institutions including nurseries , have taken a military role, have not they been intentionally destroyed during the cruel aggression !! We witnessed, during our visit to some of the provinces, more than one secondary school destroyed and in some provinces about 50% of educational centers have been destroyed . The Ministry of Education has been destroyed at the centre of Baghdad . And they say that education has the priority !!

As a result of the shortage in fuel , directly after the aggression , because of the imposed embargo till now paper is not available in Iraq . During our visit to a woman club in the previous February, we were told that it was impossible for them to publish papers , poetry , literature and any other educational material .

The children at schools , and also university students, have no copybooks or even books . Moreover that , since the end of August , 1990. Iraq has become isolated from the exterior world and cultural and scientific exchange . We call earnestly for the preservation of children's drawing near sciences , art and culture .

The boys, teachers and students have proved their dignity and high spirits . In spite of their local problems and the shortage of books, schools have been reopened and started teaching after five months of the case of aggression; no student has lost or wasted year of his learning process . The artistic and social activities have been gone back as in the gone past, such as the well-known astonishing musician Muneer Basheer . In order to help children work, so that they can conquer their pains and wounds , we have to save any opportunity of cultures and arts maining from any loss , and we have to teach the civilized world and its school the slogan of "music and peace" . Haven't we witnessed , on the 4th of March , "the National Day of Women " on which the Iraqi girls have achieved glorious victories in front of crowded salon which was full of zeal and enthusiasm ? " The allied forces have come to the Gulf in order to defeat this desire of resistance through drugs and of her social diseases. Until now Iraq is considered an empty country of drugs. Is this the civilization which we wish to teach to the 3rd world people ? " Is the protection of children and youth from drugs a new provision of the provisions of child rights ?

The provisions of child's rights guarantees his rights in the higher limits of health care . The defect of the equilibrium of diarrhea in most of 3rd world countries always requires high taxes of children's lives which Iraq has conquered . In May , 1990, Iraq has gained the best results among the Middle East and North African countries .

The rate of death among Iraqi children , nowadays , is more than in Africa, it is between 29% and 34%, whereas in Africa it is only between 3% and 4% . The severe malnutrition, which disappeared in 1959 , is now a new problem in Iraq . 900.000 child out of 3.3 million are in bad conditions of malnutrition . During May , 1990 , vaccination has reached 90% among children , but it reached 10% because of the shortage in the medical staff, vaccines and the destruction of its factories. At the Kurdish camps, expired vaccines have been given to the children in front of the eyes of the UN. members . The question of child rights has soared upon the limits " with the whole respects " and

become unbearable. What proves the respect of child rights is the devastation of the powder milk factory which has not been devastated once but twice . The Iraqi government have bestowed the most of its efforts to solve the problems . But as a result of the economical crisis which Iraq suffers from, the mothers have become incapable of buying sufficient foodstuff , but after the savings and reasonable domestic management, starvation has not been touched yet . And because of a high health care, which has been made available and which included the victims of the poisonous effects of the bombardment the symptoms of blood cancer, neuralgia and blindness have not appeared yet . We witnessed this unbearable and morbid view in the last March .

Who has the Right to survive life ??

Is it for the infant who fainted this morning at school , when the school teacher , as she tells us , asked him and answered her " I wasn't ill , but this morning I haven't taken my breakfast because I haven't reached my turn !! The right to survive for most of the Iraqi children means that they have to fast the whole year as Ramadan . Children Rights appears in total equality to enjoy their free times and play . Most of children have lost their desire to play or continue to play because the picture of war to them is more grotesque than the picture of the embargo. It does not show any feelings except the pictures of aggression and nervousness . One of them says " I try not to think, but I cannot and I think that everything will start soon " . " I think I cannot reach the age of adults " " I fear being away from my family and care about them , I do not want to lose them or to be in danger " . " No body can help me " , and " I dont want to talk to anybody " . Not only this but also many views we have witnessed during the last August .

The hell of Al-Amreyyeh shelter is another evidence of the respect of child's Rights . We have seen a small boy called Missan , whose age is 10 years and lives besides the shelter , going to the shelter in order to see his younger sister every day . The mother have put a beautiful photo to her on the wall of the shelter written on it her name and wrote : a photo which we have not to forget , 9 members of the family were buried at this shelter .

Small Missan tells us about the burned bodies of his friends who could not recognize . He will no longer see them according to him . Is this the right to enjoy their free time and play . International Rights , is this the question to be asked ?

Let us answer what the UNICEF says : " we always ask the question to know the extents of human rights to be international rights along with drawing the big schedule of social religious , economical and cultural facts in the world . Is it possible to contemplate defining the laws and the extents of their application in the whole world ? The question in conformity with human rights and child rights is more complicated :

First the views differ from one country to another concerning the end of childhood and its role at the family and society .

Second the goal of teaching processes and natural development in the society differ completely according to the functions of the essential systems .

Is it desired and possible to establish on international integration for child Rights ?! If the cultural and educational differences sometimes affect in complicating the discussion the basic problem is not in the level of difference but is greater than that; it is in the equality of people and organizations . This is what president Saddam Hussien has frankly said in his speech at the Child Day and in a response to the international meeting of the U.N. as usual " the responsables of human tragedies are far away from or remote from the return to the general things along with their remotnes from good treatment and thought . They tried to be far away from childhood's right in living and survival . We do not believe in possibility of achieving a happy childhood unless their fathers , mothers and brothers have. We see a weak relation between the happiness of children and the happiness of nations . We can say that there is no freedom for children unless they find a pure milk and mother's warm bosom . These conditions cannot be achieved through starvation and the need for true efforts to rise this painful situation which is imposed by a corrupt organizations or through an organization which creates suffering and deprivation .

The Effect of Sanctions on the Morbidity and Mortality of Children in Baghdad

Dr. A.G. Al-Rawi. Med. School Must. Univ.

Abstract

A retrospective study has been done to evaluate the effect of sanction on the morbidity and mortality of children admitted to the central Saddam ped. hospital in Baghdad.

Four hundred and sixty four patients (Marasmus 458, Kwashiorkor) Protein Energy Malnutrition (PEM) were recorded over a period of 7 months before the sanction (between Jan 1989 -Aug 1990.)

The percentage of PEM to the total hospital admission (49158) was less than 1%.

Another period evaluated 19 months after the sanction we could record comes of PEM (734 marasmus, Kwash. 58), and that account for 2.5% of the total hospital admission (31134). About 3 folds increment in the Number of cases admitted after the sanction.

Most of the cases were infants less than six months of age (70%) . Not only the morbidity increases but also the mortality rate remarkably increased among malnourished children, 7% before the sanction increased to 12 % after the sanction.

And because of PEM has a serious consequences on the physical and mental development of the child in the first two years of life this point should be discussed.

- The effects of sanction on the morbidity and mortality of children in Baghdad

Jan. 1989 -Aug. 1990 (19 months)

464 pt. 458 Marasmus

6 Kwashiorkor .

- Total hospital admission 49158 . Mortality 7%

PEM. Less than 1%

19 months after the sanction.

823 pt. marasmus 765

Kwashiorkor 58

- Total hospital admission 31134 Mortality 12%

P.E.M more than 2.5 %

Classification of P.E.M

| | |
|-------------------|------------------------|
| Marasmus | wt. less than 60% |
| | Median for age |
| Marasmus - Kwash. | wt below 60% |
| | Edema present. |
| Kwashiorkor | wt greater than 60% |
| | edema present |
| wt. | 60% -----80% No edema. |

MARASMUS poor wt

Wasting of muscles & subcutaneous tissues

Marasmus which persist for many months during infancy may lead to permanent stunting of growth & reduction in brain growth.

KWASHIORKOR weaning disease.

Growth retardation in wt. & ht.

Edema

Poor appetite

Dermatitis

Vit. deficiency + infection

Average death 15%

Permanent defect in growth (in stature) If malnutrition below the age of two .

Conclusion

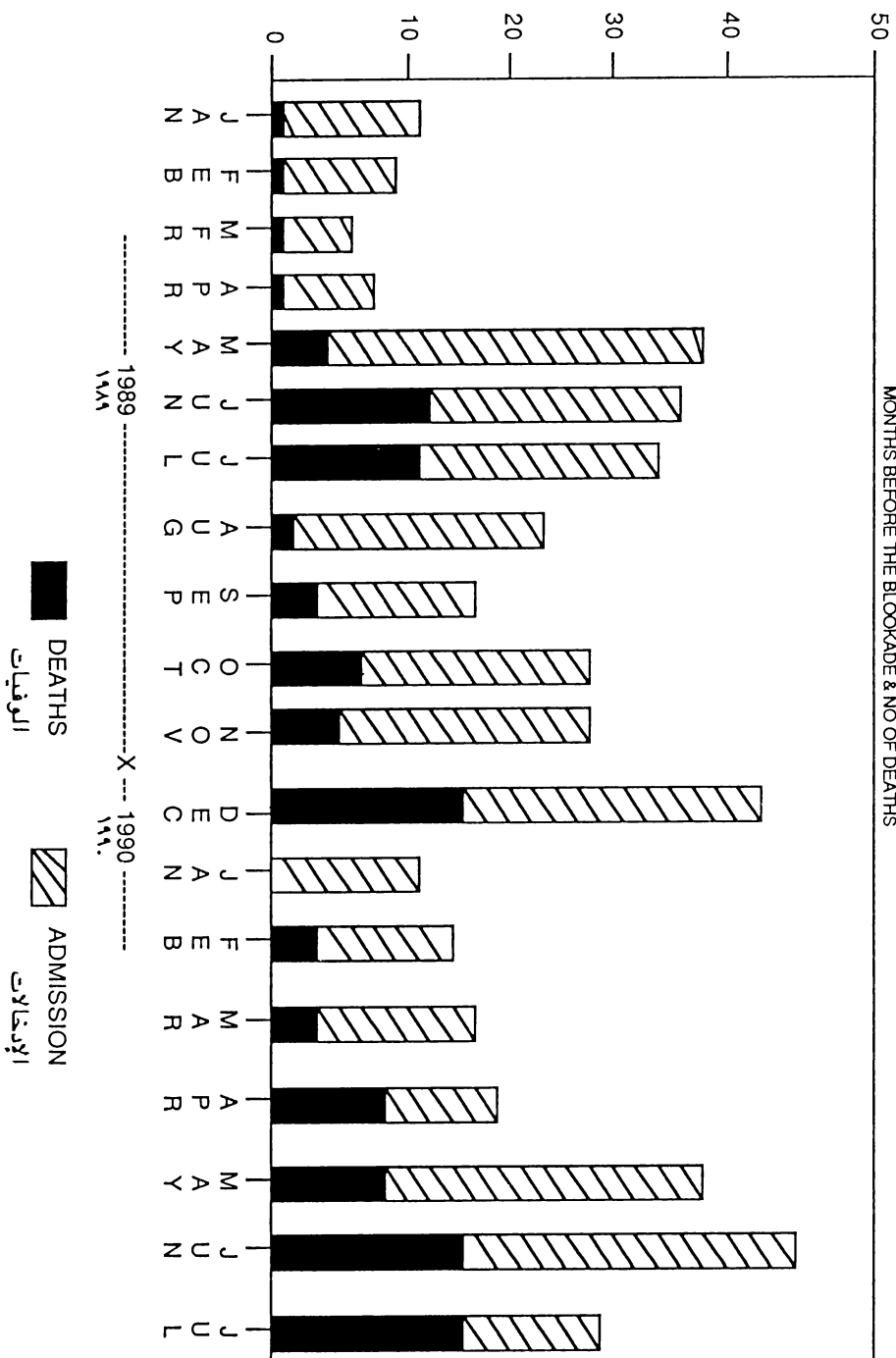
- 1- Sanction increased the morbidity of young infants affected by P.E.M. marasmus & kwashiorkor mortality 7-12%
- 2 - Young infants in the first year of life mainly affected .
- 3 - Effect of P.E.M. on young infants include :
 - a - First component of growth is entirely nutrition dependant & may result in permanent stunting through loss of the infantile contribution to growth .
 - b - Average intelligence is below that of the general population, 70% < 6/12 age .

تأثير الحصار الاقتصادي على حالات التغذية عند الاطفال في عمر اقل
من خمس سنوات .

The Economic Embargo effect on the nutritional
status of children less than five years for the
chosen reasons in IRAQ

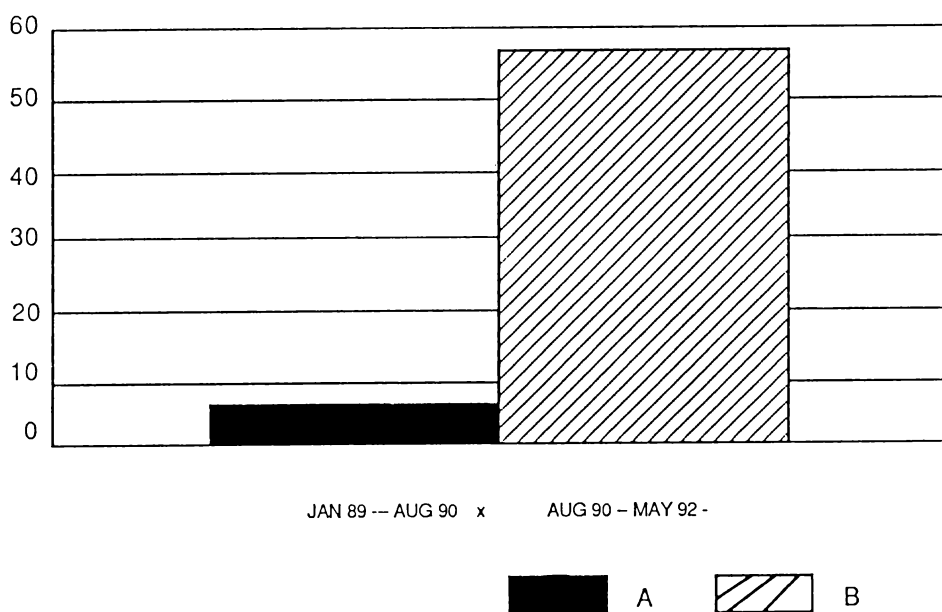
| Status | 1990 | 1991 | الحالة |
|--|----------|---------|-----------------------------------|
| --Shortage in food(Kwashiorkor) | 480 | 12796 | - نقص الغذاء |
| -- Emaciation caused by malnutrition | 5193 | 96186 | - الهزال الناتج عن سوء التغذية |
| -- Another sorts of malnutrition | 96809 | 947974 | - انواع اخرى من سوء التغذية |
| -- Shortage in protein calorie and vitamins | no data | no data | - نقص البروتين والفيتامينات |
| Total | 10656956 | 102487 | |

مجموع إندخالات مرضى سوء التغذية — ١٩ شهراً قبل الحصار وعدد الوفيات
 TOTAL ADMISSION OF MALNUTRITION 19
 MONTHS BEFORE THE BLOCKADE & NO OF DEATHS



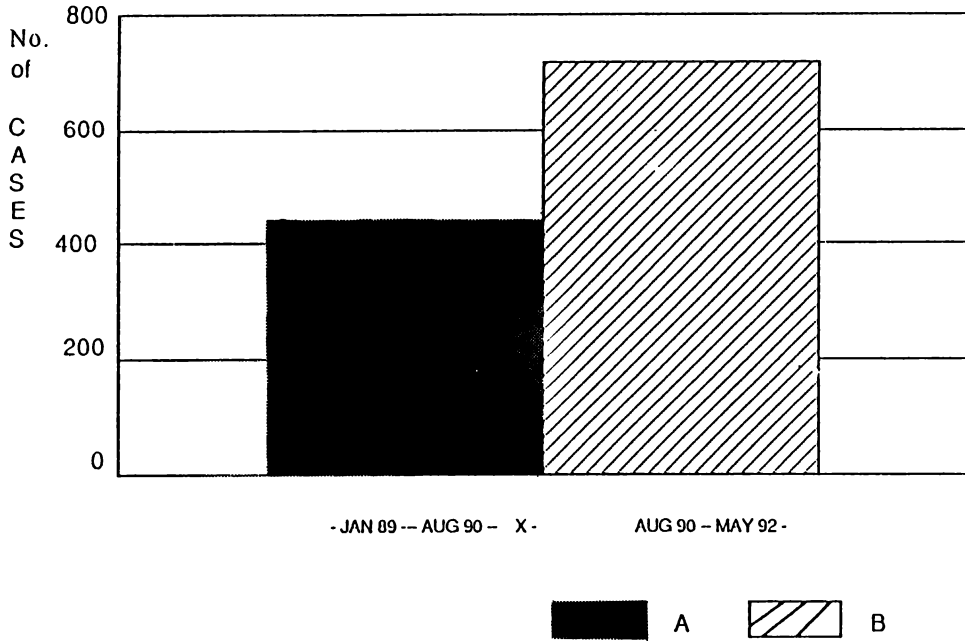
مجموع ادخالات كواشيوركور - (أ) قبل الحصار و (ب) بعد الحصار

TOTAL NO. OF KWASHIORKOR ADMITTED (A) BEFORE & (B) AFTER BLOCKADE



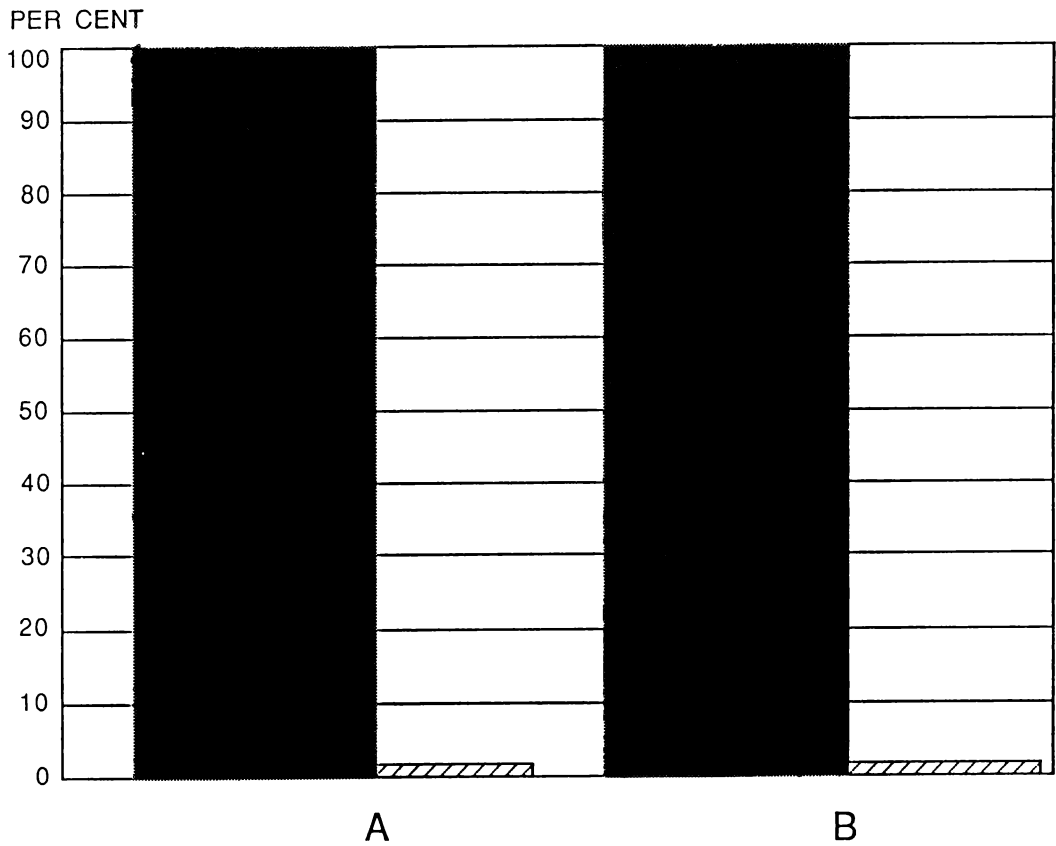
مجموع ادخالات حالات " السفلى " - ١٩ شهراً - (أ) قبل الحصار و (ب) بعد الحصار

TOTAL NO. OF MARASMUS ADMITTED 19 MONTHS (A) BEFORE & (B) AFTER BLOCKADE



النسبة المئوية لحالات سوء التغذية بالنسبة الى حالات الادخال (أ) قبل الحصار و (ب) بعد الحصار

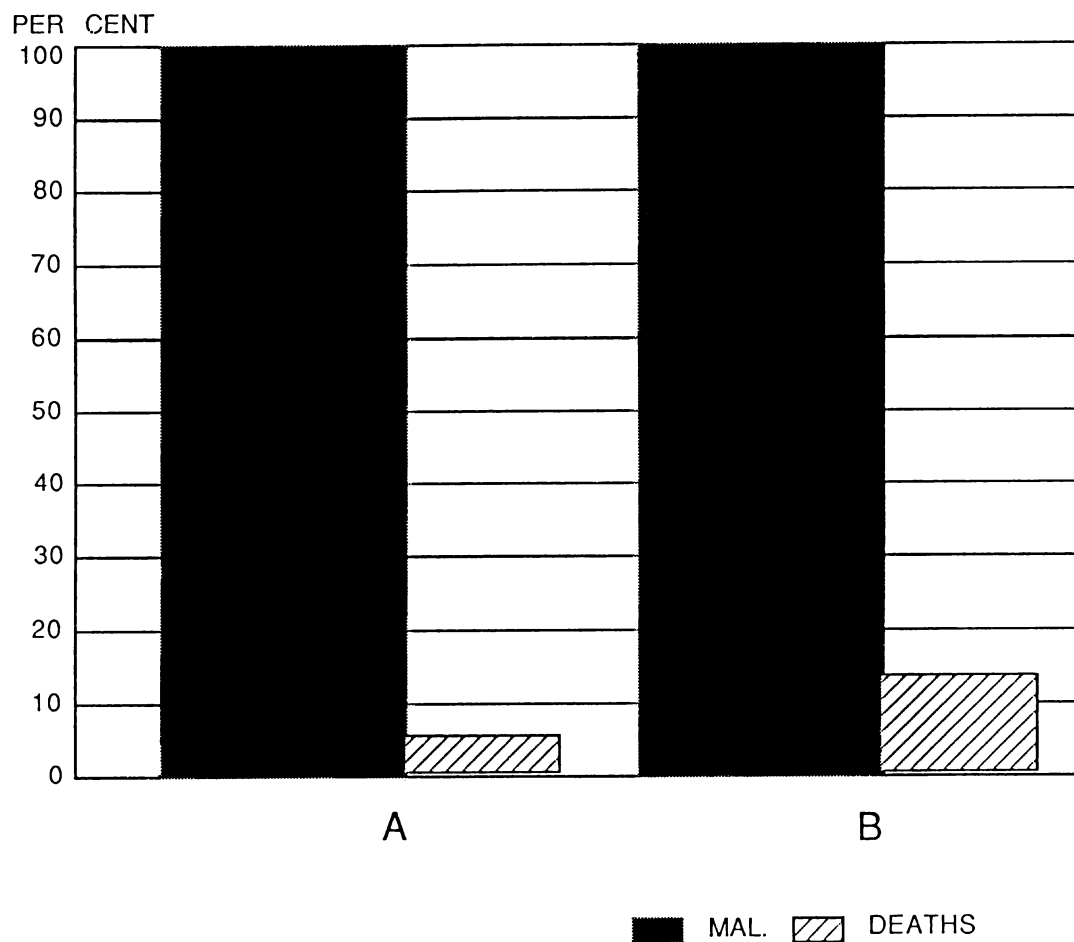
PERCENTAGE OF MALNUTRITION TO THE ADMISSION (A)
BEFORE (B) AFTER THE BLOCKAD



● Admiss. الادخال
○ Malmut. حالات سوء التغذية

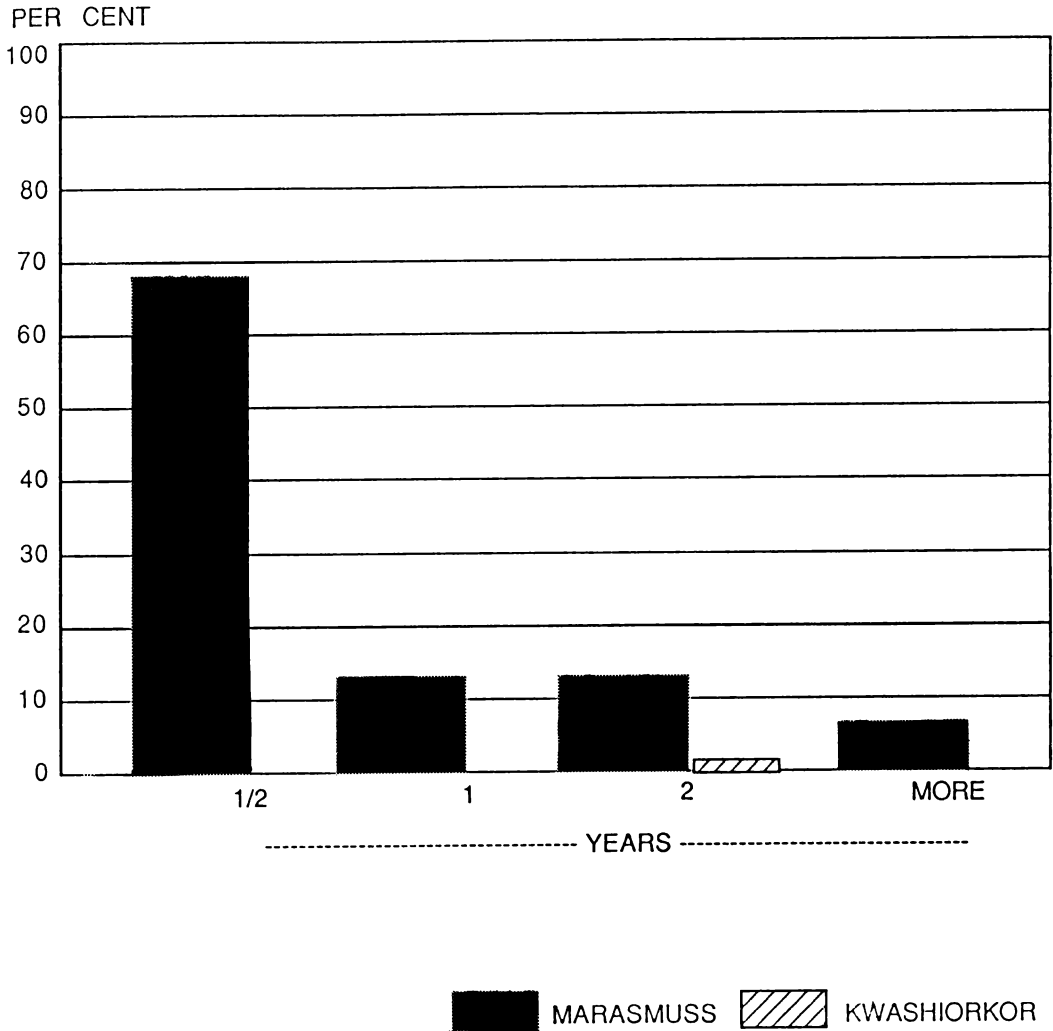
معدل الوفيات بسبب سوء التغذية : (أ) قبل الحصار و (ب) بعد الحصار

DEATH RATES DUE TO MALNUTRITION (A)
BEFORE & (B) AFTER THE BLOCKADE



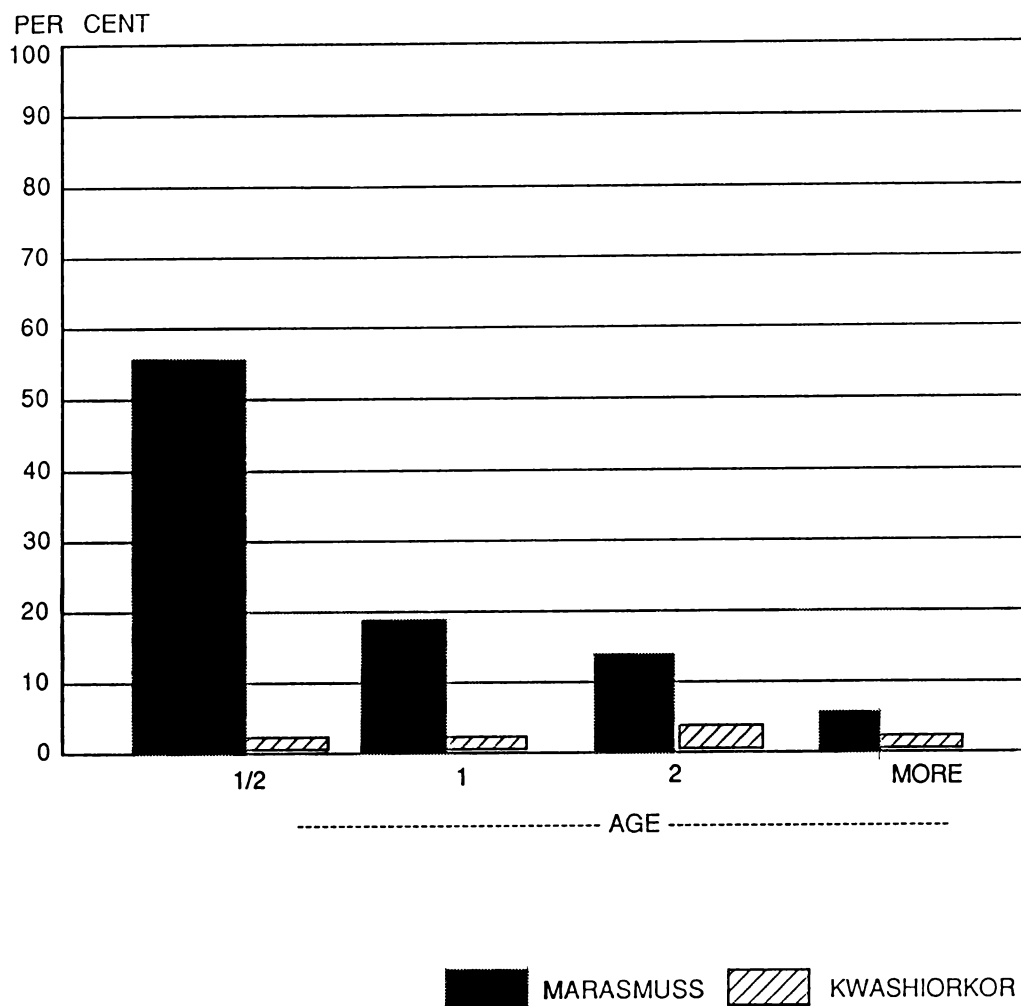
توزيع " السفل " و " كواشوركور " في الفئات العمرية المختلفة قبل الحصار

DISTRIBUTION OF MARASUMS & KWASHIORKOR IN
DIFFERENT AGE GROUPS BEFORE THE BLOCKADE



توزيع "السفل" و "كواشوركور" في الفئات العمرية المختلفة بعد الحصار

DISTRIBUTION OF MARASUMS & KWASHIORKOR IN
DIFFERENT AGE GROUPS AFTER THE BLOCKADE



اعداد الوفيات لفئة اعمار اقل من خمس سنوات في العراق ، بسبب الحصار الاقتصادي .

* Number of Mortality in Iraq because of the economic embargo to age group " less than 5 years".

| المحافظة | Governorate | Aug.1990 until Dec. 1990 | Jan.1991 until Dec. 1991 | Jan. 1992 | Feb. 1992 |
|------------|-------------|--------------------------------|--------------------------------|--------------|--------------|
| بغداد | Baghdad | 708 | 6953 | 974 | 956 |
| البصرة | Basrah | 361 | 2542 | 357 | 298 |
| نينوى | Naynawa | 391 | 2378 | 373 | 351 |
| ميسان | Maysan | 56 | 511 | 112 | 86 |
| اربيل | Arbil | 143 | 974 | 158 | 164 |
| قادسية | Qadisiya | 119 | 727 | 125 | 104 |
| ديالى | Diala | 119 | 1202 | 164 | 143 |
| الانبار | Al-Anbar | 73 | 639 | 132 | 115 |
| بابل | Babylon | 239 | 2093 | 290 | 292 |
| كربلاء | Karbala | 186 | 1292 | 203 | 188 |
| تأميم | Tameem | 175 | 1507 | 221 | 231 |
| واسط | Wasit | 96 | 793 | 115 | 104 |
| ذي قار | Thiqr | 240 | 2015 | 283 | 241 |
| السليمانية | Sulaimaniya | 95 | 758 | 147 | 152 |
| دهوك | Duhok | 52 | 483 | 105 | 90 |
| المثنى | Muthana | 139 | 871 | 131 | 108 |
| صلاح الدين | Salahadin | 77 | 582 | 128 | 130 |
| النجف | Najaf | 190 | 1153 | 168 | 142 |
| العراق | Iraq | 3560 | 27473 | 4186 | 3890 |

اعداد الوفيات لاعمار اكثر من خمس سنوات في العراق كنتيجة للحصار الاقتصادي .
Mortality number in Iraq as a result of the Economic Blockade, of age group more than 5 years.

| المحافظة | Governorate | Aug.1990 until Dec. 1990 % | Jan.1991 until Dec. 1991 % | 1992 | |
|------------|-------------|----------------------------------|----------------------------------|------|------|
| | | | | Jan. | Feb. |
| بغداد | Baghdad | 2297 | 16899 | 1794 | 1702 |
| البصرة | Basrah | 901 | 4794 | 492 | 1532 |
| نينوى | Naynawa | 916 | 5410 | 546 | 563 |
| ميسان | Maysan | 109 | 669 | 89 | 131 |
| اربيل | Arbil | 239 | 1431 | 234 | 186 |
| قادسية | Qadisiya | 471 | 2663 | 267 | 282 |
| ديالى | Diala | 487 | 3398 | 310 | 275 |
| الانبار | Al-Anbar | 157 | 1111 | 182 | 206 |
| بابل | Babylon | 785 | 4722 | 431 | 458 |
| كربلاء | Karbala | 312 | 1828 | 231 | 183 |
| تأميم | Tameem | 411 | 2278 | 264 | 172 |
| واسط | Wasit | 402 | 2451 | 272 | 199 |
| ذي قار | Thiqr | 782 | 5200 | 578 | 511 |
| سليمانية | Sulaimaniya | 72 | 709 | 175 | 164 |
| دهوك | Duhok | 113 | 781 | 117 | 119 |
| المثنى | Muthana | 137 | 1009 | 111 | 133 |
| صلاح الدين | Salahadin | 178 | 1220 | 164 | 154 |
| النجف | Najaf | 399 | 1896 | 192 | 179 |
| العراق | Iraq | 9167 | 58469 | 6449 | 6149 |

The Percentage of newborn for weight under 2,5 kg. from all of the registered born in the health .

Institution during the period of the Economic Blockade .

| المحافظة | Governorate | Aug.1990 until Dec. 1990 % | Jan.1991 until Dec. 1991 % | 1992 Jan. Feb. | |
|------------|-------------|----------------------------------|----------------------------------|-------------------|------|
| بغداد | Baghdad | 8 | 10,5 | 12,5 | 12,7 |
| البصرة | Basrah | 2 | 10,6 | 17,5 | 17,9 |
| نينوى | Naynawa | 4,4 | 9,3 | 12,5 | 13,3 |
| ميسان | Maysan | 3,8 | 13 | 17,9 | 18,2 |
| اربيل | Arbil | 3,2 | 10,4 | 17 | 16,9 |
| قادسية | Qadisiya | 2,2 | 9,7 | 16,1 | 16,9 |
| ديالى | Diala | 1,2 | 7,67 | 15,6 | 15,5 |
| الانبار | Al-Anbar | 1,6 | 7,58 | 13,5 | 14 |
| بابل | Babylon | 239 | 2093 | 290 | 292 |
| كربلاء | Karbala | 3,6 | 11,4 | 16,6 | 16,9 |
| تأميم | Tameem | 1 | 7,2 | 15,6 | 16,5 |
| واسط | Wasit | 14,4 | 16 | 17,5 | 18,5 |
| ذي قار | Thiqr | 2,2 | 12,7 | 19,5 | 18,7 |
| السليمانية | Sulaimaniya | 3 | 11,1 | 18,9 | 19,7 |
| دهوك | Duhok | 11 | 14 | 17,9 | 19,5 |
| المنشي | Muthana | 13,4 | 15,8 | 19,5 | 18,9 |
| صلاح الدين | Salahadin | 1,8 | 7,4 | 15,6 | 15,8 |
| النجف | Najaf | 3,4 | 11,5 | 19,3 | 19,5 |
| العراق | Iraq | 4,5 | 10,8 | 16,6 | 16,8 |

الوفيات الناجمة عن الحصار الاقتصادي لعمر اكثر من خمس سنوات
Mortalities-caused by economic embargo to age group" more than five years" .

| Period الفترة | Mortality number اعداد الوفيات |
|----------------------|-----------------------------------|
| Aug. - Dec. 1990 | 9167 |
| Jan.- Dex. 1991 | 58469 |
| Jan. - Feb. 1992 | 6149 |
| Feb. - Mar. 1992 | 6449 |
| Total المجموع | 80234 |

الوفيات الناجمة عن الحصار الاقتصادي لعمر اقل من خمس سنوات
Mortalities-caused by economic embargo to age group" less than five years" .

| Period الفترة | Mortality number اعداد الوفيات |
|----------------------|-----------------------------------|
| Aug. - Dec. 1990, | 3560 |
| Jan. - Dec. 1991, | 27473 |
| Jan. - Feb. 1992 | 4186 |
| Feb. - Mar. 1992 | 3895 |
| Total المجموع | 39124 |

The Rights of the Child

Mrs. Muriel Mirak-Weissbach
Direct Assistance Organisation - Germany

The preamble to the Declaration of the Rights of the child, proclaimed by General Assembly Resolution 1386 (XIV) , says:

" Mankind owes to the child the best it has to give."

This declaration is a legal instrument of international law, proclaimed on November 20, 1959, in an era when society still placed value on the life of a child. It was proclaimed by the United Nations, the same institution which has shaped itself into a tool of war against the Iraqi population, particularly its children.

I want to look briefly at the most significant principles of this declaration to identify the nature of the violation of the rights of the child which has taken place in Iraq, and to outline the principles which must guide a renewed effort to effectively defend these rights.

The document reads:

" Whereas mankind owes to the child the best it has to give."

Now therefore . The General Assembly proclaims this declaration of the Rights of the child to the end that he may have a happy childhood and enjoy for his own good and for the good of society the rights and freedoms here in set forth, and calls upon... national Governments to recognize these rights and strive for their observance by legislative and other measures progressively taken in accordance with the following principles:...

Principle 2

The child shall enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity...

Principle 4

The child shall be entitled to grow and develop in health, to this end, special care and protection shall be provided to both him and to his

mother, including adequate pre-natal and post-natal care. The child shall have the right to adequate nutrition, housing, recreation and medical services.

Principle 8

The child shall in all circumstances be among the first to receive protection and relief. "

A later document, called the Declaration of the Protection of Women and Children in Emergency and Armed conflict, was proclaimed by General Assembly resolution 3318 (XXIX) of Dec. 14, 1974 . It says:

1. Attacks and bombings on the civilian population, inflicting incalculable suffering, especially on women and children, who are the most vulnerable members of the population, shall be prohibited, and such acts shall be condemned....

6. Women and children, belonging to the civilian population and finding themselves in circumstances of emergency and armed conflict...shall not be deprived of shelter, food, medical aid or other inalienable rights, in accordance with... Instruments of International Law."

The blockade and the war against Iraq have violated the spirit and the letter of every single one of these principles. And the children themselves provide the damning proof of this: four out of the five Iraqi children whom our committee recently transported to the United States for surgery were wounded in bomb explosions that took place in their civilian homes. Three other children, of the 30 treated in Germany, were hit by bombs while they were in the Ameriya civilian Shelter, where they were supposed to enjoy " special protection" And as for "Shelter, food , and medical aid," and " pre-natal and post -natal care" which is supposed to be guaranteed, these are still being denied by the embargo, with results scientifically presented at this conference.

The documented effects on rising mortality rates among infants and children under five, means that the embargo threatens to annihilate an entire generation . Prof. Francis Boyle, an eminent legal expert from the University of Illinois, and a member of our committee, filed a legal complaint last July to the United Nations, in the name of 3,5 million Iraqi children, charging George Bush et al, with the crime of genocide. In August, the International Progress Organization (I.P.O.), which is one of the organizations, together with the Schiller Institute of

Hega Zepp-LaRouche and the Patriarchat of the Chaldean Church of Babylon, which founded our committee presented a memorandum to the U.N. ECOSOC commission on Human Rights, taking up Prof. Boyle's initiative, and denouncing the U.N. Security Council's embargo for "violations of human rights and fundamental freedoms" against Iraqi children. More recently, His Beatitude Raphael I. Bidamid, Patriarch of the Chaldeans of Babylon, denounced the embargo as "a genocide" in an interview to Vatican Radio, following which, the Pope spoke out to lift the embargo.

The genocide being threatened against Iraq is the expression of a policy which has dominated British-American strategy since at least 1974. Through a series of papers and conferences, the policy has been outlined, to use financial, economic and military means to induce famine epidemics and war, in order to drastically reduce population growth in the

Third World

These documents begin with Henry Kissinger's National Security Council Strategy paper, "NSSM 200", of 1974, and continue through the Carter Administration's Project 80's and Global 2000, to the current plans today for the UNCED summit in Rio in June of this year. This "Earth Summit" will attempt to institutionalize linkage between population reduction and economic planning. In short, the policy of the "New World Order" is to deny the Third World technology, to stop its population growth and to control its resources, this is the reason the war against Iraq was waged.

In order to forcethrough these policies, the same malthusian institutions which drew them up, like the Club of Rome and certain NATO thinktanks, have attempted to undermine traditional monotheistic religions, to break their moral resistance to genocide. Christianity has been eroded in the West; now Islam is being targeted for similar reasons, which are important to understand.

All our principles of international law, including those instruments of the U.N. which guarantee the rights of the child, derive from our civilization's understanding of what makes mankind utterly distinct from, and superior to all other species. This is expressed in the Book of Genesis, embraced by Christianity, and shared by Islam: that Man is made in the image of the living God (*imago viva Dei*). Man displays this likeness, not outwardly, but through his uniquely human capacity

for creative thinking. Thus the injunction from the Creator to multiply and populate the earth, to exert dominion over nature : to develop ideas, to create , invent, and through this, to improve the condition of mankind. It is on the basis of this concept of man that we define certain rights to be inalienable; from this concept derives our notion of the nobility and dignity of the human being.

This, too, is the reason why our cultures properly place such a high value on the life of a child, because the child embodies this quality most directly.

A child comes into the world full of potential, through the support and guidance of parents, the child begins the learning process, which is potentially infinite. As the child walks its first steps, shapes its first word, or makes any other small but crucial breakthrough, this provokes immeasurable joy on the part of the parents. This joy, which they express, and the child experiences, as love, is , in turn what makes it possible for that child to develop further, why do we love the child? Because it shows this God-given capacity for development, and rejoices in discovery of those creative powers, whether by putting together building blocks, or solving a puzzle, or making a joke, we share with the child its joy at creative discovery and celebrate, in so doing, our own humanity. We see in the child that which is universal in Mankind.

Development, growth, progress. Thus, the monotheistic religious traditions of our civilization, and all great secular institutions which have sprung from them, place a premium on the necessity of progress , growth as universal values. For this reason, we exalt the value of the human being, the discrete individual, and especially the child.

In the West, precisely these values have come under attack by the malthusian lobby, and for obvious reasons: if one wants to stop children coming into the world, and to kill off millions, then one must subvert the value system which defends the dignity of the human person. Now, they say that Islam is the enemy.

Defending the rights of the Iraqi child today represents a "challenge to the wisdom and morality of our generation." Whether or not we prove capable of defending the rights of the Iraqi child will determine our ability to defend the rights of children in Palestine, In Afghanistan, Libya, Latin America and throughout the world. Defending the rights of the child means defending the most precious values common to the best of what our civilization has produced.

Yet, to do this does not require drafting new documents. It

requires enforcing the documents which already exist, through concrete action on several levels:

- 1) As far as humanitarian aid is concerned, to save the lives of Iraqi children, efforts should be combined and coordinated, to maximize the impact. Many more NGO's should organize hospital care abroad free for Iraqi children, for as long as the need exists, and should force the sanctions committee, as we have done, to allow Iraqi Airways to fly for humanitarian purposes.
- 2) Religious institutions world-wide should be mobilized in a christian -Islamic dialogue aimed at lifting the embargo, and reviving the universal moral principles in defense of life against the ideology of usury, exploitation, oppression and death.
- 3) Finally, efforts must be multiplied towards uniting the victims of the "New World Order" into a coalition capable of implementing a new, just ordering of social and economic relations, which is coherent with those moral principles upon which the rights of the child are based.

Thank you.

The Effects of the Aggression and the Embargo on the Children of Iraq

Dr. M. Bahree - Women Union of Iraq

Introduction :

Childhood has obtained a great concern from the leadership of 17-30 of July revolution on different aspects of hygienic, psychological, educational, social and legislative levels, which serve a very developed hygienic services, and unpaid obligatory learning opportunities, a developed social care and running constructive mass media programs for achieving them.

The concern of the official institutions and the public and professional organizations have been increased; scientific and well-studied plans have been designed for developing it which transmitted the subject of its care to a new position. This position was marked by the free treatment of the work and the comprehensiveness of the outlook.

When 1979 was considered to be an international year for children, Iraq shared the international community in the celebrations and started to establish national society for childhood's care. It was established to draw the general policy for developing and looking after the childhood, marking the executive institution for these policies, the cooperation with concerned parties locally, nationally and internationally, looking for developing the services of childhood, and preposing the suggestions concerning the modification of the executed legislations. The health of the child and his life was a very crucial subject in the light of the bestowed attempts to achieve the "Health for all" goal until 2000.

As a result of all this concern, the governmental institutions, such as the ministry of health, education, labour, social affairs, culture and information, public and professional organizations, such as Women Union, in Iraq, all endeavoured to develop childhood.

As an example of that, in the field of health, the ministry of health has worked on developing projects for health education and information, and developing health protection. In that field of education and training, the role of the ministry of Education has been distinguished in developing the personality of the child and his true health behaviour through programs of health arrangement at the preparatory schools. In the social field, the Ministry of Labour and

Social Affairs had worked on developing the conditions of child nursery and its tools, such as educating toys; and it has increased its interests for the child.

The general union of Iraqi women has a very distinguished role in childhood and motherhood care through the support of the political leadership for those programs, which has a powerful effect in applying its five-years project, and achieving the goal behind it, which is the decrease of child deaths, who are under 5 years old 5% from that in 1985 .

In general, we can say that the increase in education awareness for the public and the increase in the income for the individual and the family helped in the decrease of average of illiteracy of the country after the comprehensive national campaign for removing illiteracy and stating obligatory education, in addition to improving the roads in the country and the increase in providing the villages with clean water , electricity and sound environmental services. All these achievements enabled the union to play an effective role in applying a full-comprehensive program:

widespread injection programs, diarrhea protection programs, pregnant and baby protection, environmental soundness . For achieving all these objectives, the union has started in his work from different angles:

education and information, research and studies, health and education and developing nurseries.

The conditions of childhood in Iraq before the aggression and economical embargo was progressing and developing but the picture was changed after the aggression. This paper is an attempt to shed light on the effects of the aggression and economical embargo on the Iraqi children via analyzing some of official reports and to complement them by field study. The first part gives a brief idea about the intensity of the aggression and its educational and hygienic effect . The second part gives an intensive idea about the same side in addition to the psychological one .

Part One

The Effects of the Aggression and the Economical Embargo on the Children of Iraq in the Light of Official Reports.

Introduction:

The aggression of the 30 countries on Iraq, started on Feb17,1991 and lasted 42 days, bombarded Iraq with 135,000 of guided bombs by laser rays, clustered bombs, cruise missiles, which left a mass destruction in living areas, civil constructions, mosques, churches, schools, ruins and sophisticated areas, the aggression caused 8230 deaths and wounded civilians most of them were old age persons, children and youngsters, like that in Al-Ameryeh shelter and Al-Falloujeh market in Baghdad.

In addition to that, the American tanks with bulldozers buried thousands of Iraqi soldiers alive, who are brothers, sons and fathers, in their defensive trenches. By doing that, the Americans have violated the first Geneva convention in 1949. However, the American administration declared in July20,1991 that the administration was not in any disagreement with the Iraqi people and did not want to wound them or prevent medicine for them; and its president has called in Sep.26,1991 to maintain the embargo on Iraq as long as possible.

A look at the reports of the delegations, sent to Iraq by the U.N., sheds more light on the destruction and devastation and the suffering of people, especially children, from the brutal aggression on Iraq. As an example of that, the report of the delegation, headed by Prince Sadr-el-Dean Agha Khan, the executive deputy of the Secretary General of U.N. from June,29 to July12,1991:

"The Iraqi people is exposed now to a punishment because of the economical embargo, and this was not the goal of the U.N. and its resolutions".

In his announcement to the U.N. punishment committee on July 22,1991, he said:

"Iraq will face a sharp shortage of food till the next Autumn".

He called for a partial release of the embargo to enable Iraq buy needed food and medicine. He does not set aside the occurrence of many deaths in August, the hottest month in Iraq, because of the diseases caused by polluted water, he proposed the release of frozen Iraqi

accounts abroad and to permit the export of oil in order to satisfy its needs from food so that it can avoid a human catastrophe, starvation people, lack of medicine, exposing its national unity to dangers, intervening in internal affairs and raising sectarian conflicts.

Marty Ehtsary: report on July, 10, 1991 said that " the last conflict brought results like that of doom-day on the economical structures which were , before January 1991, a civilized society depending mostly on modern machines, but now Iraq is being returned to the pre-industrial revolution age and will stay like that a period of time.

There is a critical shortage of food and dried milk is distributed among sick children like medicine with the physician's prescription"

He recommends the abolition of the embargo concerning food supply , the import of agricultural machines and to make abundant the fundamental food for the whole pupulation.

The report of the group of researchers from Harvard University points out that " the number of deaths among babies will be multiplied and not less than 170,000 , children, who are under the age of five, will die through next year as a result of the effects caused by the Gulf-Conflict. "

This deduction was based on the following:

- The data concerning the deaths which was collected from the visits to the hospitals proved that the death rate among children increased by twofold to threefold.
 - The data concerning the rates of the spread of diseases, collected through the visits to hygienic centers and institutions point out the sudden spread of stomach diseases, typhoid and in early times of 1991. The researchers have come out with the following recommendations:
 - The international assistance should be in enormous amounts to achieve a direct and great goal which is the protection of nutritious health for the greatest number of children.
- This goal requires the efforts of all the concerned parties.
- The help of the UNICEF to construct Iraq's ability to control the growth of children, it the hygienic centers and in retaliating effectively which discovering any defect in growth.
 - Helping Iraq improve a simplified system to discover the spread of starvation and to take fast arrangements against it.
 - Illustrating the urgent needs.
 - Responding effectively to child malnutrition within a brief period

of time by distributing food & high protein & calories values through medical centers to children who suffer from a defect of growth on a long range.

- Preparing the materials in order to be medicine more than food .
- Evaluation of lactation in Iraq due to the decrease in the previous decade and the present as a response to the last turmoils.
- Increasing the effectiveness of medical care with the emphasis on the nutrition situation which demands a new routine of medical diagnosis, extra training and preparing strategies to encourage mother-feeding or making ready possible substitutions for mother breast-feeding.
- UNICEF will encourage agriculture as a long-range investigation for baby feeding through F.A.O. and other organizations.
- Relieving the embargo and releasing the Iraqi accounts abroad to employ the resources in buying food and medicine, in addition to relieving the embargo is an urgent national and humanitarian request from the steadfast Iraq which cannot be postponed.

The major effects of the aggression and economical embargo on children are :

1. Hygienic Consequences - Malnutrition :

Diagnosing great numbers of children points out the discovery of many evidences of sharp and chronic malnutrition among them .

From one day to 3 years , 4 to 5 , the average is between 40% - 50% who suffer from a sharp stopage of growth , which is considered as an accumulative operation which its causes are related to the embargo, war , civil alienation and punishments .

* The two groups also suffer from a sharp slimness which is a fifth less than the required weight. Most of states of slimness were observed at hospitals and few of them of homes and medical centers .

* 5% - 10 % of the two groups suffer from anemia .

* The average of children who suffer from sharp malnutrition based on the measure of arm-roundness (Below 125 mm) is 8% in addition to 15% who suffer from modest malnutrition (Below 135 mm) . These averages are higher than that discovered in Basra by Helen Kleir International . The sufferings of Basra children from malnutrition is considered a crucial and chronic problem which appeared to reflect the defect accompanied the consumption of food , taking into consideration that Iraq is not a poor African or Asian country because it owns ample

resources .

2. Scantiness of Medicine :

In an announcement on Sept. 23, 1991 , the deputy of the Ministry of Health in Iraq declares that the citizens , who died due to the lack of medicine , are 51,000 Iraqis until the beginning of August , 1991 . The number of children among them is over than 14,000 child , and this number is expected to increase until 170,000 till the end of the same year if the embargo continues .

The youngesters , who died from the same reason , are estimated about 37,000 among them women who died during delivery for the need to the non-available anaesthetic .

The embargo results in stopping necessary medicine and equipments shipping which results in thousands of deaths among children from stomach diseases , respiration , apparatus diseases , measles , suffocation , cough and other diseases. The embargo , also results in stopping the shipping of serums which save the lives of the people such as vaccines against scorpion , snake , liver inflammation and rabies .

3. Deaths of children :

The low average of deaths among children , in any country , is one of the principal factors of the hygienic , social and economical conditions in it . Iraq has paid more attention to the conditions of children and to the lowering of the average of deaths in his national hygienic plans throughout the previous years , and achieved observed successes until August , 1990 .

Concerning the period from August, 1990 to July, 1991, the economical embargo on Iraq has caused the following:

1. The deaths of children who are below five years:

The major causes:

1. Septicemia
2. Malnutrition
3. Gastroenteritis.
4. Pneumonia & broncho pneumonia.

The number of deaths has reached in the previous period 14234 deaths, ie. with the average of 21 deaths for every 1000 alive birth. Comparing these numbers with that in 1989. We notice and for the same reasons, the average is 3188 death, with the average of 5 deaths for every 1000 alive birth. This points out the increase in the average of deaths to reach fourfolds due to the economical embargo.

2. The Deaths of Children over 5 years age:

The major causes:

1. Diabetes Mellitus
2. Hypertension.
3. Heart diseases.
4. Cancers.

The average of deaths among children has reached , in the previous period, 36968 deaths, with a rate about 2.5 deaths for every one thousand from the population. Comparing the number of deaths with that in 1989 , we notice, for the same reasons, that the rate is 0,96 death for every 1000. This points out the increase in the average of deaths to reach threefolds from that in 1989, due to the economical embargo.

Table 1.

The Effects of the Economical Embargo on the rate of children's death who are below and above five years old.

Below Five Years Old

| period | No. of deaths | Average of deaths/1000 alive birth |
|----------------|---------------|------------------------------------|
| 1989 | 3188 | 5 |
| During Embargo | 14232 | 21 |

Over Five Years Old

| period | No. of deaths | Average of deaths/1000 alive birth |
|----------------|---------------|------------------------------------|
| 1989 | 13921 | 0,96 |
| During Embargo | 36968 | 2,5 |

Table 2
Deaths of children , below 5 years age because of the Embargo according to districts /month/year.

| Governorate | 1990 | | | | | | 1991 | | | | | | | |
|-------------|------|-----|-----|-----|------|-------|------|------|------|------|------|------|------|-------|
| | Aug | Sep | Oct | Nov | Dec. | Total | Jan | Feb. | Mar | Apr | May | Jun | Jul | Total |
| Baghdad | 199 | 96 | 135 | 180 | 247 | 807 | 272 | 304 | 359 | 391 | 436 | 488 | 565 | 2815 |
| Basra | 62 | 74 | 83 | 69 | 73 | 361 | 85 | 99 | 124 | -- | 157 | 181 | 216 | 1000 |
| Neynawa | 73 | 64 | 128 | 76 | 50 | 391 | 62 | 78 | 105 | 120 | 141 | 167 | 205 | 878 |
| Maysan | 17 | 8 | 11 | 11 | 9 | 56 | 11 | 12 | 16 | 17 | 20 | 23 | 31 | 130 |
| Arbil | 19 | 37 | 33 | 29 | 25 | 143 | 30 | 35 | 45 | 51 | 58 | 68 | 81 | 368 |
| Qadisiyya | 45 | 19 | 19 | 20 | 16 | 119 | 20 | 24 | 32 | 37 | 43 | 50 | 61 | 267 |
| Diala | 35 | 16 | 8 | 11 | 49 | 119 | 53 | 57 | 65 | 70 | 76 | 84 | 90 | 500 |
| Al-Anbar | 20 | 8 | 16 | 13 | 16 | 73 | 18 | 20 | 24 | 27 | 30 | 34 | 40 | 193 |
| Babylon | 30 | 38 | 57 | 38 | 76 | 239 | 84 | 93 | 109 | 118 | 132 | 148 | 171 | 855 |
| Karbala | 28 | 45 | 44 | 36 | 35 | 188 | 41 | 48 | 61 | 69 | 79 | 91 | 109 | 498 |
| Tameem | 33 | 32 | 23 | 30 | 57 | 175 | 62 | 69 | 81 | 88 | 97 | 108 | 125 | 630 |
| Wasit | 18 | 16 | 24 | 12 | 26 | 96 | 29 | 33 | 39 | 43 | 48 | 54 | 64 | 310 |
| Thiqar | 55 | 34 | 59 | 20 | 72 | 240 | 80 | 89 | 107 | 115 | 128 | 144 | 167 | 830 |
| Sulamaniya | 19 | 23 | 17 | 15 | 21 | 95 | 24 | 28 | 34 | 38 | 43 | 51 | 58 | 276 |
| Duhok | 12 | 3 | 9 | 12 | 16 | 52 | 17 | 19 | 22 | 24 | 26 | 29 | 34 | 171 |
| Muthana | 28 | 31 | 44 | 51 | 21 | 139 | 25 | 31 | 40 | 45 | 53 | 62 | 75 | 331 |
| Salahadin | 20 | 12 | 22 | 11 | 12 | 77 | 14 | 19 | 22 | 25 | 28 | 33 | 40 | 181 |
| Najaf | 36 | 63 | 34 | 31 | 26 | 190 | 32 | 40 | 53 | 60 | 70 | 83 | 101 | 439 |
| Total | 699 | 619 | 766 | 269 | 847 | 3560 | 959 | 1098 | 1238 | 1476 | 1665 | 1898 | 2238 | 10672 |

*The resource: Ministry of Health: Deip. of Hygienic and Lively statistics.

Table 3
Deaths for ages over 5 years becaaw- of Embargo according to Distreids month .

| Governorate | 1990 | | | | | | 1991 | | | | | | | |
|-------------|------|------|------|------|------|-------|------|------|------|------|------|-----|------|-------|
| | Aug | Sep | Oct. | Nov | Dec. | Total | Jan | Feb. | Mar | Apr | May | Jun | Jul | Total |
| Baghdad | 175 | 305 | 306 | 705 | 806 | 401 | 846 | 973 | 1075 | 1175 | 297 | 143 | 1510 | 8356 |
| Basra | 222 | 150 | 188 | 195 | 214 | 244 | 283 | 368 | 421 | 322 | 368 | 421 | 451 | 2303 |
| Neynawa | 156 | 152 | 194 | 204 | 205 | 916 | 255 | 286 | 327 | 368 | 417 | 422 | 504 | 2624 |
| Maysan | 28 | 17 | 21 | 26 | 17 | 109 | 19 | 23 | 27 | 29 | 36 | 42 | 46 | 222 |
| Arbil | 22 | 64 | 61 | 48 | 43 | 238 | 48 | 56 | 66 | 76 | 89 | 03 | 111 | 549 |
| Qadisyya | 82 | 53 | 103 | 121 | 112 | 471 | 122 | 138 | 1568 | 178 | 203 | 230 | 246 | 1275 |
| Diala | 43 | 114 | 97 | 77 | 156 | 487 | 173 | 190 | 211 | 233 | 258 | 287 | 304 | 1056 |
| Al-Anbar | 31 | 10 | 34 | 45 | 37 | 157 | 40 | 46 | 52 | 59 | 67 | 76 | 82 | 422 |
| Babylon | 131 | 148 | 131 | 174 | 201 | 2787 | 226 | 252 | 287 | 321 | 362 | 408 | 435 | 2291 |
| Karbala | 64 | 56 | 66 | 57 | 64 | 32 | 82 | 92 | 106 | 120 | 136 | 155 | 166 | 857 |
| Tameem | 77 | 60 | 86 | 96 | 92 | 411 | 101 | 114 | 132 | 150 | 171 | 193 | 209 | 1072 |
| Wasit | 25 | 42 | 112 | 115 | 108 | 402 | 116 | 130 | 147 | 165 | 182 | 209 | 2221 | 1124 |
| Thiqar | 177 | 133 | 125 | 117 | 230 | 782 | 202 | 288 | 323 | 357 | 398 | 445 | 472 | 2545 |
| Sulaimaniya | 8 | 15 | 15 | 16 | 18 | 72 | 19 | 21 | 24 | 27 | 30 | 34 | 36 | 191 |
| Duhok | 20 | 17 | 18 | 28 | 30 | 113 | 32 | 36 | 41 | 45 | 51 | 57 | 61 | 323 |
| Muthana | 14 | 9 | 30 | 33 | 51 | 137 | 54 | 58 | 64 | 70 | 77 | 84 | 89 | 496 |
| Salahadin | 26 | 33 | 21 | 44 | 54 | 178 | 58 | 46 | 71 | 79 | 88 | 98 | 105 | 563 |
| Najaf | 78 | 71 | 91 | 93 | 66 | 399 | 74 | 88 | 105 | 122 | 143 | 166 | 179 | 877 |
| Total | 1379 | 1449 | 1657 | 2192 | 2490 | 9167 | 279 | 3099 | 3499 | 3896 | 4375 | 493 | 5228 | 27801 |

*Resource: Ministry of Health .

Table 4

Percentage of the born with a weight under 2,5 K.G. from the total of the born , registered in hygienic institutions throughout the time of Economical Embargo .

| Governorate | 1990 | | | | | | 1991 | | | | | |
|-------------|------|-----|-----|-----|------|-----|------|-----|-----|-----|-----|-----|
| | Aug | Sep | Oct | Nov | Dec. | Jan | Feb. | Mar | Apr | May | Jun | Jul |
| Baghdad | 8 | 8 | 9 | 8 | 7 | 8 | 9 | 9 | 10 | 10 | 12 | 11 |
| Basra | 2 | 1 | 3 | 2 | 2 | 4 | 5 | 7 | 7 | 10 | 11 | 13 |
| Neynawa | 4 | 4 | 4 | 5 | 5 | 5 | 7 | 7 | 9 | 9 | 10 | 10 |
| Maysan | 3 | 5 | 3 | 4 | 3 | 6 | 8 | 9 | 12 | 12 | 14 | 15 |
| Arbil | 1 | 2 | 4 | 4 | 5 | 6 | 7 | 8 | 8 | 10 | 10 | 11 |
| Qadisyya | 3 | 2 | 2 | 2 | 2 | 3 | 5 | 6 | 6 | 8 | 10 | 12 |
| Diala | 1 | 1 | 1 | 1 | 2 | 3 | 3 | 4 | 5 | 5 | 6 | 8 |
| Al-Anbar | 1 | 2 | 2 | 2 | 1 | 3 | 4 | 4 | 5 | 6 | 7 | 8 |
| Babylon | 1 | 2 | 2 | 2 | 1 | 3 | 3 | 5 | 5 | 7 | 9 | 9 |
| Karbala | 1 | 1 | 4 | 7 | 5 | 7 | 8 | 8 | 9 | 10 | 12 | 13 |
| Tameem | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 4 | 4 | 5 | 6 | 8 |
| Wasit | 19 | 19 | 4 | 17 | 13 | 13 | 13 | 14 | 16 | 15 | 17 | 19 |
| Thiqar | 2 | 2 | 3 | 2 | 2 | 5 | 7 | 7 | 9 | 11 | 14 | 15 |
| Sulaimaniya | 3 | 3 | 4 | 3 | 2 | 4 | 6 | 7 | 8 | 10 | 10 | 10 |
| Duhok | 10 | 12 | 9 | 15 | 9 | 10 | 10 | 12 | 11 | 13 | 15 | 16 |
| Muhana | 9 | 15 | 16 | 17 | 10 | 11 | 13 | 13 | 15 | 16 | 16 | 18 |
| Salahadin | 1 | 22 | 2 | 2 | 2 | 3 | 4 | 4 | 4 | 5 | 7 | 8 |
| Najaf | 2 | 4 | 3 | 4 | 3 | 5 | 7 | 7 | 9 | 9 | 12 | 13 |
| Total | 4% | 4% | 5% | 5% | 4% | 6% | 7% | 8% | 8% | 10% | 11% | 12% |

*The resource: Ministry of Health: Deip. of Hygienic and Lively statistics.

Table (5)

Deaths of children Below 5 years because of the economical embargo according to month and year.

| No. of Deaths | Month | Year |
|---------------|-------|------|
| 699 | Aug. | 1990 |
| 619 | Sep. | |
| 766 | Oct. | |
| 629 | Nov. | |
| 847 | Dec. | |
| 959 | Jan. | 1991 |
| 1098 | Feb. | |
| 1338 | March | |
| 1476 | April | |
| 1665 | May | |
| 1898 | June | |
| 2238 | July | |
| 14232 | Total | |

Resource: Ministry of Health, Department of Hygienical and Biological Statistics , Baghdad.

Table (6)

Deaths for ages above 5 years because of the economical embargo and selected diseases (cancer, diabetes, blood pressure and heart) according to month and year.

| No. of Deaths | Month | Year |
|----------------------|--------------|-------------|
| 1379 | Aug. | 1990 |
| 1449 | Sep. | |
| 1657 | Oct. | |
| 2192 | Nov. | |
| 2490 | Dec. | |
| 2791 | Jan. | 1991 |
| 3099 | Feb. | |
| 3499 | March | |
| 3896 | April | |
| 4375 | May | |
| 4913 | June | |
| 5228 | July | |
| 36968 | Total | |

Resource: Ministry of Health, Department of Hygienical and Biological Statistics , Baghdad.

2. Educational Effects

A) Degeneration of the level of child care in nurseries:

The first stage of childhood is the base which paves the way for the following stages, and to the general stages of human life. Whenever the care which the child receives in nurseries is ameliorated, the personality of the child grows in a parallel and completed growth in the mental, passionate, physical, social and spiritual sides.

But the aggression and economical embargo has founded direct "pressure areas" on the process of child care and elementary rearing. This can be classified with regards to the registered child in nurseries:

1. **First Pressure area:** The mother as a house keeper and a worker . The mother should analyse the general situation according to her awareness and cultural standard , she submits with that to psychological effects which are reflected on the child due to the economical recession to the family in front of inflation and the impossibility of making available the principal needs from food, clothes, shelter and medicine; which results in an acute tension in behaviour, treatment at house, street and working places and the insecure feelings of the coming day for making available the basic needs.

2. **Second pressure area:** Family: the members of family suffer from problems which differ in respect of their kind, acuteness, quantity as a result of the nonavailability of daily requirements and sometimes it may impossible to provide such needs due to soaring prices and their residence in one place-house. The child is exposed to suffering from the reflections of their problems of the prevailing psycho-social atmosphere at home.

3. **Third pressure area:** nursery . It is the outcome of the negative effects of mother and family suffering besides the low incomes which reinforce its budget and the high cost of spending on cars, food, salaries and administrative services: all this lead to a suffering psychological situation and to the recession of areas of activities below the required level .

- Productivity projects reached up to 49 projects in 1990 and 565 women working in them, another 7 projects will stop due to the embargo .

- Rural development : From 3,000 villages, 128998 women have benefited from receiving elementary training in agriculture, domestic economy, traditional industry with economical education . All of them

have ceased with the start of bombarding until March 1991 . The average of villages which have been prohibited from training and education is 64%.

- Programs with international organizations: some of the international organizations offer a number of consultations, financing the programs of the union in specified areas. When the project of developing the public participation, which the U.N. was financing, and the number of villages which benefit from it is 5 and the families included in its programs are 1500 , this project was stopped, the activity is retrogressed from 4 villages and the machines have been destroyed. The included villages (sewing machines, cooking equipment and child scates) . The effective communication and air-transportation with women and international organizations, which work for the sake of family and child, have been stopped.

- Directed educational programs for women which are concerned with women affairs in general and the methods of protecting her children from obliquity , and to assure good educational needs . [issuing posters, exhibitions, films ... etc.] and to make available all means for information transfer and communication, together external connection with the international women organizations in order to clearify the hazards which face the children .

" The woman " magazine which had been stopped, was one of the active means in developing the maternity and childhood in Iraq .

4. Fourth pressure area:The child at the nursery.

The child undergoes the following negative effects :

- a. Multi-dimensional psychological tension: from the mother, family and nursery.
- b. Recession of his activities.
- c. Slanness of his hygienical condition because of the lack of food and medicine.
- d. The inability to fulfill his needs according to his desire.
- e. The inability to make available the educational needs : small and big toys, stories and explanatory means .

B) Early work;

The rise of the cost of living with regards to stable low income families , and the inability for women to work in order to improve the economical situation made many children, who are capable for work, to

work early and to follow the path of obliquity through breaking the law in order to make available his daily needs (road-trade, black market , making friendships with bad kids) . A quick view, to the effects of the aggression and embargo on the efforts of the general union for the women of Iraq to improve the economical situation for women, indicates children's move to early work and demonstrates the resultant educational, psychological, social and hygienical dangers:

- Employment: in 1990 , the union has created 248 work opportunities for women through the direct coordination with the employers . This has been stopped in 13 parts and 83 sections because of the destruction in buildings which was reflected negatively on the improvement of woman income.

- Professional training: in 1990 , the union has created 1030 work opportunities and trained 22,794 women on sewing , hair-cutting, make-up, ... etc. . This was stopped in 1990 completely and 62% out of the total was damaged.

C. Running out of school:

The educational process is considered as a basic prop in constructing correctly personality of a character .

Wasting is one of the most dangerous diseases which threatens the educational institutions. The rise of its rate is an indicator of the failure to have teaching curriculums suitable to the nature of economical, political and cultural states, which the country passes through and their teaching curriculum taking into consideration the levels of the students in these institutions.

This wasting is what happens in the educational region of our country and affects its quality. It is a result of : leaving school such as completing it (fleeing) and repeating or failing classes. The student may leave the school and keep away the learning process because of any reason, such as, the end of the last year of any learning stage , he is registered in or failing the same class which makes him hate the repetition of the same works done in the previous year. Both the sanctions and the aggression have affected negatively all the effective sections of life.

Here under a table showing the running out of school in the secondary levels 1991 , and 1989/1990 in the whole country .

| | <u>1989/1990</u> | <u>1990/1991</u> | <u>Increase</u> |
|--------|------------------|------------------|-----------------|
| Male | 21511 | 22091 | 580 |
| Female | 17247 | 22762 | 5515 |
| Total | 38758 | 44853 | 6095 |

Note :

The figures for the elementary levels are not ready until now , we forward the figures for the secondary levels as an indication for the problem of the running out of the school .

Part Two

The Effects of the Aggression and the Economical Embargo on the Children of Iraq (A Field Study)

The need for the study:

The effects of any aggression and economical embargo on the society stamps its children with many variable effects. The effects differ because of the different social and economical conditions.

Despite these differences, the effects have many causes which may lead to misbehavior : the bad health, psychological, economical, educational, domestic and recreational conditions. The conditions of Palestinian and Lebanese children are the best example which illustrates the effects of war and aggression on their lives and characterize their characters with negative behavioral phenomenon, such as anxiety, fear, gloominess, nervousness, fury, aggression, vagabondage, begging, fleeing schools and early work^{1,2}.

The exposition of our country to the armed aggression and the economical embargo has left many effects on the lives of children. The study of the negative effects of both the aggression and the sanctions has its principal importance in this critical stage of Iraq's progression against the conflicts and dangers surrounding him. The stage imposes the continuity of developing the reserved human resources-children, which has to be a sound development , capable of contributing effectively in the construction of the future society. The recognition of these effects , from the point of view of the mothers belonging to a low social class, sheds more light on these effects and on that mentioned in the first part of this study. This benefits those who are concerned in and it helps in banishing its effects. The reduction of the negative effects helps in putting forward the programs and instructions, which help in putting forward the programs and instructions, which help in protecting and treating those effects.

1. Al.Dajani, Abba, "The Development of the Palestinian child under the Intifada", The specialized Scientific conference in childhood Development, The General Arab women Association(GAWA) Mooritania, 1990.

2. Yaqteen, Omaymah, The Effects of war on the Lebanese childrens. Beirut: Arab Cultural Club, The Arab Institution for Research and Publication,1981

The purpose of the study:

The recognition of the effects of the aggression and the economical embargo on the lives of children in Baghdad from their mothers' point of view.

The limits of the study:

The study is sampled from the mothers of the last three classes of the elementary school students whose ages are from 10-12 years, and who-the mothers-work as sellers in the Mreidi, Jameeleh, Washash, Baya' markets in Baghdad from Aug. to Dec. 1991.

Defining the terms:

The effects of the aggression and the economical embargo: it is the injuries of the 30th country on Iraq and the imposed economical embargo on the psychological, healthy, economical, educational, moral and social sides of the child's life.

Former studies:

The following is a number of studies concerned with the effects of war on childhood and some aspects of child's life, which have -the studies-inforced this study and the explanation of its results.

Pritchard's study:

The study aimed at recognizing the effects of war on childhood, based on realistic observations and outcomes concerned with the same subject. From those:

1. Children over 2 years feel frightened when they hear the sound of bombs which exploding.
2. Vagabondage : due to the burning of houses by the flame of bombs.
3. The solicitude of images frightens the child more than the real danger, which results in nervous shocks.
4. The loss of some members of the family because of war tragedies.
5. Incontenance for those who are from 5-7 years old.
6. Tension headache = = = = = = =
7. Tension Nausea = = = = = = =
8. Deprivation from the domestic settlement because of their

deportation from one city to another; the bad health conditions in their new abode; the lack of regular satisfaction of their basic needs, such as, suitable food.

9. The anxiety on their future and their families' future and the thinking of how to gain foodstuff, medicine and money.
10. The shortage in recreational services which results in the feeling of boredom and hollowness.
11. The difficulty of adjustment with the new environment results in insecurity.
12. Fleeing from school and early work.
13. Behavioral perversity, such as, stealing, aggression and impolite behaviors.
14. Deformity of child's life due to the loss of family.

Yaqteen's Study (The Effects of War on the Lebanese Children 1979):

The study aimed at studying the behaviors of children from 4-15 years old in 1978 during the civil war and pointing the differences from the working class and the middle one. She used the method of personal interviews with 40 mothers in Beirut and asking them about their children's behaviours, who are between 4-15. They were 20 mothers, who have 83 child, belonging to the working class and 20 others, who have 46 child, belonging to the middle class. All the mothers said that their children were more frightened and anxious after the war, especially during the bombardment, explosions and fightings.

The following are the results of the two groups of children :

The effects on the children of the working class:

- | | |
|------------------------------|------|
| - frightening from noisiness | 72 % |
| - the war game | 62 % |
| - the increase in eating | 38 % |
| - nerviness | 35 % |
| - night mares | 28 % |
| - incontinence | 25 % |

The effects of war upon the children of the middle class :

- | | |
|---|------|
| 1. questions about religion and political | |
| belonging for the family | 80 % |
| - fear from noisiness | 82 % |
| - physical and verbal aggression | 43 % |
| - gnawing the nails | 18 % |

- sleep irregularities 13 %
- Studying neglecter 7 %

Bahree's Study, 1979:

The study aimed at recognizing the different kinds of child fear in conformity with age , sex , kind and educational stage differences. The sample of the study was composed from 120 child who were in nurseries, elementary schools and preparatory schools. The methods used were interviewing and questionnaires. The percentage, and repetitions were used to account for the results. The basic results are that male children are more frightened than female ones ; the rate of frightened male children is (52%) while of female children is 48% .The basic fears are from animals then the lessons and examinations. After that parallel fears from man , ghosts, legendary characters, supernatural powers and God . They did not show much fear from darkness, equipments and instruments. The study has emphasized the role of the school in pointing out and analyzing such fears.

Bahree's Study 1984:

This study aimed at identifying the level of child's psychological health from 4-5 at nurseries and from 6-12 at elementary schools from their mothers point of view , identifying the context of this health and identifying if there are differences among the two groups of children in accordance with the variables of their mother's age and educational status . The samples of the study was composed from 1300 child , belonging to 5 social centers of the ministry of Work and Social Affairs. The number of his dimensions is six : satisfaction , happiness, achievement , ability to solve problems. and comprehensive growth. The average of child's psychological health is 82%, which is the cardinal outcome. The major psychological problems of children at nurseries are, the unbridged gap of social status with his colleagues , illness, lack of confidence , inability to pursue work and sport .

The major psychological problems at the elementary stage are anxiety , quarrel , non -acceptance of others' achievements, growth weakness, inability to control the tensions. The study has also pointed out that the rate of the psychological problems of children , whose mothers are educated, is more than those whose mothers are illiterate . The rise of child's psychological health in Iraq is due to the unity of the Iraqi family , the strong family ties among its members, its success in satisfying children's needs, the democratic atmosphere of the

educational surroundings, the teacher's good treatment with the child and the unity of the structure of the Iraqi society .

Dajani, Abla's study . 1990.

The researcher aimed at demonstrating the effects of the Zionist occupation on the manners of Palestinian child's life and the effects of the Intifada on changing his behaviors in her study. The invasion and occupation exposes the child to suppression armed violence and death in order to put an end to his life in his cradle. If he continues to live , he lives under an overlasting threat of deportation , chase and the loss of his parents and sometimes the whole family . Consequently he is exposed to separation of family and weak control of the family upon him and its role in acquiring him the moral social and traditinal values which compose his personality. The low status of his economical and cultural conditions forces him to engage in children's black market , since he works more than 12 hours a day and sometimes his employer refuses to give him his fairs at the end of his work .He is also deprived from his rights in education, health caze and enjoying his childhood .Because of the pile of daily suffering to all the classes of society , the Palestinian people has waged the Intifada.The occupation has left many negative effects in the psychology of children and exposes them to psychological oppression which made them more steadfast and powerful in their opposing with the supression and oppression .

They do not feel depressed or benumbed ,or suffer from the complex of defeat of their grandfathers which forecd them to suppression or departure.They have broken the walls of fear and become more confident in spite of their great sacrifices, for the sake of peace ,homeland and establishing their national authority on their homeland. Although the majority of them participle positively, enthusiastically and confidently in the Intifada ,the children are negatively affected and more frightened,depressed and gloomy because of that.

They feel frightened from being handicapped.This makes it indispensible to have an international protection and pressure on the occupied authorities to reopen the schools for them.

The Sample of the study:

The study is composed from 84 mothers and 211 child from the elementary school in Baghdad .The samples were selected randomly among the seller women who worked in the public markets at different areas in Baghdad.

Table 1 points out their distribution on areas and markets.

Table 1

| <u>Area</u> | <u>Market</u> | <u>Number</u> |
|-----------------|-----------------|---------------|
| AL- Thawra | Mreidi | 21 |
| AL-Washash | AL-Washash | 24 |
| Jameeleh | Jameeleh | 16 |
| AL-Kathmeyeh | AL-Aserbadi | 12 |
| <u>AL-Baya'</u> | <u>AL-Baya'</u> | <u>11</u> |
| Total | - | 84 |

Table 2 shows the distribution according to the rate of their educational status:

Table2

| <u>Educational Status</u> | <u>Number</u> |
|---|---------------|
| Elliterate | 13 |
| Can Read | 10 |
| Read and Write | 30 |
| Ended the 4th class | 17 |
| <u>Completed the</u> Elementary certificate | <u>14</u> |
| Total | 84 |

The Study's Method:

It is a field and descriptive study based on personal interviews with every individual of the samples at their work places because it is a method suitable with the purposes and nature of the study .The following questions were asked :

1. " What is your opinion about the aggression and sanctions on our country ?"
2. " Have the Aggression and the sanctions left any negative effects on the behavior and conditions of your child ?"
3. " What are the effects on their :

Health, psychology ,Study, Living conditions, Morals and their relations with the Others ?

The statistical mean : was repetition and percentage .

The Results and their Analysis:

Table No.3 illustrates that the total of the study answers is 976 distributed on 5 fields and the rate of these fields, from the higher to the lower, are : psychological effects 54.2 % economical effects 21.8 % education effects 11%; health effects 8%; Moral and social effects 2.7%. Looking at each field separately points out the following :

1. The psychological phenomena are 8. The clearest one is fear which has 21 kinds . 19 kinds were not suffered from, in 1978-9. Comparing them with that which children used to being frightened from, and have the same age, points out that they used to being frightened from the animals, elephant, dog, lion, tiger, cockroach, bat, ghosts, guinea, al-akra', witch, teacher, headmaster, father, dentist, physician needle, lessons, examinations; abu-tobur, frightening movies, azreal, grave, death and God. Nowadays they fear: Farhood, starvation noisiness, sleeping away from the mother, feeling sick from an unpreventable disease, repetition of the aggression, handicappedness, loss of the bicycle and car, death before the end of life, being in crowded places, lice, mouse, paralysis, cholera, face defects and the knockers at doors. The shared fears between the two stages are thief, darkness, night, thunder and lightning. Fear from God and fear from nothing do not appear at this stage.

Most of children's psychological problems are due to one major reason which is fear, and the difference between a healthy psychologically person and a diseased one is a difference between a step and another of psychological tranquility. Fear is confusion, reluctance and refusal. Its causes, from the study's point of view, are: rumors, the observation of reality, watching T.V., the memories of the aggression, listening to the parents' talks and the observation of their behaviors, reading newspapers and magazines, listening to the talks of friends and the lack of medicine.

It is observed in this field that 25 % of children suffer from nervousness. It can be analyzed from the nervousness of family members and the shortage in recreational services at home and outside it. 23 % of children suffer from anxiety on the beloveds at some of other provinces and 17% suffer from gloominess because of the morbidity of the family members. 8% dream of nightmares, emergency serin and missiles; 4 % are selfish because of the lack of food at home and 2% suffer orphanage because of his father's death during the aggression .

This field points out that there is a defect in the child's psychological health at this stage. Comparing this result with the result of a study in 1983, about child's psychological health in Iraq points out that 18% from the later study (i.e 1983) suffer from defects in their psychological health ; while in the former study , (i.e 1991) 54.2% suffer from the same disease.

2. The total of the effects in this field are 8: an irregular and low-priced work after school time in order to help the family; deprivation from regular personal pocket money ; deprivation from new clothes; deprivation from sport, deserts, magazines, books, picnics, journeys with the family and selling their personal needs. The study's points of view shows that the cases are due to shortage in family-income and the need for the child to help it in making available their daily needs.

3. Educational Effects : 11 %

The effects of this field are 8, arranged from the higher rate to the lower one : deprivation from enough school equipment; failing lessons, negligence of homeworks, food and equipment theft from the classmates, running away from school to purchase cigarettes and other things keeping away from school for the sake of work and postponing exams and cheating in them. The study's point of view points out that the causes go back to the shortage in family-income and to the negligence of fathers to their sons because they are busy in other works

4. Health Effects 8 % : The effects of this field are 9, arranged from the higher rate to the lower one: teeth-decay, anemia, feedleness, Asthma rheumatism Dysentery, undesired unrination and madness. The study's point of view demonstrates that the causes are due to the inflation rate and the scarcity in hygienic nutrition and the non-availability of medicine during the bombardment .

Table 3 : The Effects of the Aggression and the sanctions on children, distributed according to each field :

| <u>Psychological Effects</u> | <u>Causes</u> | <u>%</u> |
|------------------------------|--|----------|
| Fear from: | | |
| - AL- FARHOOD | Hearing the rumors about the possibility of its occurrences from friends | 36 |
| - Starvation | Seeing the children begging food from his home. | 34 |

| | | |
|---|--|----|
| -Thief | Recurances of stealing at his region and hearing about the crimes. | 34 |
| -Thunder and lightning | Envisaging them as a counter-bombardment. | 33 |
| -Mobs | Watching their crimes On T.V. | 32 |
| -Darkness | Reminds him of darkness and the put off the electrical power and the loss of light. | 31 |
| -Sleeping away from the mother | Due to the bombardment and getting used to it. | 31 |
| -Falling sick from uncured disease | Recognition of the shortage in medicine and the death of some children becuse of that. | 36 |
| -The recurances and dangers of the Aggression | Hearing from the old what the broadcast say. | 29 |
| -Handicappedness | Seeing the victims of war at newspaper and from the relatives. | 21 |
| -Loss of the bicycle | Stolen or hearing about his friend's stolen bicycle. | 20 |
| -Loss of the family | Hearning the vagobondage of some children due to that . | 18 |
| -Death before its time | Hearing the deaths young as victims of the Aggression. | 17 |
| -Loss of the car | Stolen from the relatives or friends . | 17 |
| -Being in Crowded places | Fear from explosions Reminds him of the home he inhabited during the aggression. | 14 |
| -Mouse | | 12 |
| -Louse | Reminds him of the infected children with it while the aggression | |
| -Poralysis | Because his younger brother has been diseased of it . | 3 |
| -Cholera | Because of the death of his brothers or relatives from it | 3 |
| -Face defects | Seeing the defects of faces on some of the aggression victims | 2 |
| -Knockers of doors | Hearing about killings for those | 1 |

| | | |
|--|--|-------|
| | who open the doors to unknown knockers | |
| <u>Total</u> | | 43.9% |
| 1.Tension | Insufficiency in recreation and the tension of the family members. | 25 |
| 2.Anxiety on beloveds in other provinces | Hearing of the suffering of some people because of the mobs. | 23 |
| 3.Gloominess | The gloominess of some of the family members. | 17 |
| 4.Sadness | Having a martyr,lost or a wounded member at his family. | 10 |
| 5.Night-mares | Emergency siren and missiles . | 8 |
| 6.Selfishness | Lack of food at home and preferring to eat it himself. | 4 |
| 7.A great suffering or pain. | Death of the father during the aggression . | 2 |
| TOTAL | | 54.2% |

| <u>Economical Effects :</u> | <u>Causes</u> | <u>%</u> |
|---|---|----------|
| 1.Irregular work with a low-priced salary after school times. | Helping the family to have its daily needs. | 31 |
| 2.Helping the family | Helping the family to have its daily needs. | 30 |
| 3.deprivation from regular pocket mony | Insufficiency in family income | 28 |
| 4.Deprivation from new clothes | Insufficiency in family income | 26 |
| 5.Deprivation from owning lovely needs such as desserts or toys | = = = = = = = | 26 |
| 6.Deprivation from book and magazines | = = = = = = = | 25 |
| 7.Deprivation from journeys and picnics | Insufficiency in family income. | 23 |
| 8.Selling personal needs | Insufficiency in family income. | 20 |
| Total | | 209 |
| % | | %2/.8 |

| <u>Educational Effects:</u> | <u>Causes</u> | <u>%</u> |
|--|---|-----------------|
| 1.Deprivation from enough school needs | insufficiency in family income | 23 |
| 2 Failing the lessons | Negligence of the parents in teaching them and making them selves busy in other things. | 23 |
| 3.Negligence of home works | Being forced to do things inside and outside the house. | 22 |
| 4.The theft of food stuff and equipment from classmates | Because of hunger and the insufficiency of the income. | 14 |
| 5.Running away from school to purchase cigarettes and other things | Satisfying his needs through buying some things. | 12 |
| 6.Leaving school for work. | The family need to have an extra income because of the loss in family members. | 8 |
| 7.Postponing the exams | The non-availability of enough time to read because of work | 3 |
| 8.Cheating in exams | The non-availability enough time to read because of work | 1 |
| Total | | 106 |
| % | | %/1 |

| <u>Health Effects</u> | <u>Causes</u> | <u>%</u> |
|------------------------------|---|-----------------|
| 1.Infection and teeth decay | High prices of tooth paste and physicians | 23 |
| 2.Anemia | The insufficiency of hygienic food and its high prices. | 20 |
| 3.Feeblness | The insufficiency of hygienic food and its high prices | 20 |
| 4.Infection with Asthma | The non-availability of medicine during the bombardment and after it. | 4 |
| 5.Infection with Rheumatism | The non-availability of medicine during the bombardment and after it. | 4 |
| 6.Infection with Dysentery | Pollution of water during bombardment and insufficiency of medicine. | 2 |

| | | |
|----------------|--|----|
| 7.Incontinence | Fear during the bombardment and because of coldness. | 2 |
| 8.Madness | Fear and the family bad conditions | 2 |
| Total | | 77 |
| % | | %8 |

| <u>Moral and Social Effects</u> | <u>Causes</u> | <u>%</u> |
|---|--|----------|
| 1.physical violence with the others | Psychological and family pressures. | 21 |
| 2.Using taboo language | Psychological and family pressures | 11 |
| 3.Association with small groups of oblique persons. | Weakness of family control. | 5 |
| 4.Begging | Weakness of family control. | 5 |
| 5.Vagabondage. | Loss of the family and the great number of the family members. | 2 |
| Total | | 45 |
| Total | | %4.7 |

Moral and social effects : 4.7%

The phenomenon of this field are 5 and they are arranged from the higher rate to the lower : the use of physical violence with the others ;the use of taboo language ;association with small groups oblique persons;begging and vagabondage.The study's sample demonstrates that the effects are,the results of psychological pressure,which the members of the family suffer from and the lack of parental looking after the child,due to the loss of the family ,the great number of the family members and the insufficiency of the income to buy high-priced needs.These results symbolize the bad and humiliating condition of the Arab Iraqi children in general.

C. Inferences;

- The devastation,which struck Iraq and its people is an enormous one which caused thousands of victims from women and children.
- The Iraqi people and children in particular,are now exposed to punishment because of the economical embargo and this was not

the invention of U.N and its resolutions.

- About half of Iraqi children who are below five, suffer from a sharp stopage in growth and a sharp weakness and Anemia because of the embargo and aggression.
- The children who died due to the consumption of medicine, after six months of the aggression, are more than 14,000 and at the end of 1991 about 170.000. This shows that the rate of death has risen four folds, from that in 1989.
- The Embargo has led to the stopage of shipping medicine, which causes thousands of deaths among diseased children who suffer from stomach diseases, breathing apparatus, Measles, suffocation, cough and others. It also led to the lack of serums which are used as antidote for antibiotics and snake stings, liver inflammation and Rabies.
- Thousands of children at nurseries suffer from the negative effects of the aggression which are portrayed in: the bad death conditions because of the insufficiency of food and medicine, and the recession of their activities due to the non-availability of the needs such as the toys and explanatory means from an educational point of view. This is in addition to the psychological tension which has many sources: mothers family and nursery.
- Thousands of children practice pavement trade and black markets trade, because they neglect their study and make friendships with oblique persons. It is also due to the high prices of their living. This forces them to work early which threatens them to be oblique.
- The field study to a sample of mothers, whose children are at elementary schools, which was done in Aug-Dec., 1991 about the negative effects of the armed aggression and economical embargo on Baghdad, has demonstrated that the economical effects are apparent on them (21.81%). It goes back to the insufficiency of family income which forces their parents to employ them in small salary after school times and to purchase their personal needs which deprives them from sport and recreation.
- The intensity of psychological effects, resultant from the Aggression and represented in fear, as a result of their memories about it and their listening to the talks of the parents and colleagues and watching T.V. some of the children fear starvation, turmoil, a disease which has no medicine, loss of the family; anxiety, tension, gloominess,

sadness and nightmares.

- Limitations of educational effects(11%),such as running away from schools, failure, negligence of homeworks and leaving school for the sake of work.

- Limitations of healthy effects(8%) because of the inflation in prices, scarcity in hygienic food ,non-availability of medicine during the bombardment and its rarity after it. That resulted in tooth decay , Anemia, weakness, Asthma, Rheumatism, Dysentery, incontinence and madness.

- Dwindling of moral and social effects(4.7%) as a result of psychological pressures from the family members,the fail of family control on the child and the loss of the father which force him to be aggressive, outcast and a beggar.

The child's conditions, in general, are miserable and humiliating.

The Recommendations of the field study:

In the light of the field study's outcome,it is recommended that the General Union of Iraqi women should educate the family in:

1. How to protect and treat the child from fears, tension, anxiety, gloominess, sadness, nightmares, selfishness and pain.
2. How to protect and treat the child from failure of classes, negligence of homeworks theft,bad colleagues,running away from school, postponing the examinations and cheating at exams.
3. Pointing to the family the dangers of early work on his personality,behavior and his future in his society.
4. Directing the family towards new ways of improving their income through holding training daughters which help the mother on that.
5. Educating the family about the methods of moral, social and health education of the child to protect and treat him from using physical violence with the others or using taboo language.It is also to protect them from making friendships with the bad,begging. The ministry of Education and mass media can contribute in applying these recommendations with the coordination with the General union of Iraqi women.

The Effects of Sanctions and International Legal Responsibility for Human Rights of Iraqi Civilians Including Children .

**Curtis F. Doebbler .
Legal Expert - Holland**

Introduction

War is one of the worst deprivations of human rights and freedoms that children can suffer. The impact of war becomes even harsher when it is complimented by economic sanctions. The children in Iraq have suffered through two months of the most devastating warfare in modern history followed by twenty one months of the strictest economic sanctions ever imposed against a sovereign country.

This paper identifies arguments for protecting the human rights of the civilian populations in Iraq especially the human rights of the child. These arguments should be used to evaluate the legality of the sanctions. Whether or not the sanctions will be lifted, however, is a decision for the Security Council of the United Nations and the individual states that have implemented the United Nations sanctions in their domestic laws. In part the decision is political. In part this decision involves principles of international law.

The sanctions have caused shortages of essential humanitarian supplies, which have in turn cause the standard of living in Iraq to decline. This paper discusses how international law protects the right to a minimum standard of living and examines the basis the legal responsibility of Iraq, the United Nations and third States. This topic is important in two respects. First, although humanitarian aid workers usually adhere to the basic rules of international law, they seldom know these rules or exactly how they apply. Second, States and non-governmental organizations often allude to international law to support their positions, but often the allusions are incomplete or incorrect. This paper attempts to explain in a brief and simple manner the rules of international law that are applicable when considering the legality of the sanctions.

General Human Rights Law Protecting Children

The human rights law concerning the sanctions is found in two human rights treaties and customary international law. This law contains rules protecting specific human rights that apply to all Iraqi citizens as well as rules offering children specific protection.

Iraq is party to a number of human rights treaties. The treaties include: the International Covenant on Economic, Social and Cultural Rights; the International Covenant of Civil and Political Rights; the Convention on the Prevention and Punishment of the Crime of Genocide; the International Convention on the Elimination of All Forms of Racial Discrimination; and the convention on the Elimination of All Forms of Discrimination against Women. All of these treaties create legal obligations for the government of Iraq towards the civilian population, including the children, of Iraq.

Additionally, children in Iraq are entitled to human rights that have become customary international law. Human rights that have become customary international law must be respected at all times and by all States. Whether a right has become customary international law depends on the practice and *opinio juris* of States. Practice is expressed by the actions of States and *opinio juris* is expressed when States manifest the belief that norms governing their actions are legally binding. One of the best indications of State practice is the wide acceptance of international human rights instruments. These treaties create legal obligations between the states party to them and are evidence that these states recognize certain norms as customary international law.

The Universal Declaration of Human Rights is an adequate starting point for determining the norms of international law that protect the rights of civilians, including children in Iraq. The Declaration was accepted by the General Assembly of the United Nations with no country voting against it. Since its acceptance it has been convincing argued that most of the rights protected by this declaration have evolved into customary international law. State practice and *opinio juris* support this view. For example, many written constitutions emerging since the Declaration have been modeled on it. Of special importance to the consideration of the sanctions is the human right to a minimum standard of living. Article 25, paragraph 1, of the Universal Declaration of Human Rights provides that "everyone has a right to a standard of

living adequate for the health and well-being of himself and his family, including food...."

Article 11 of the International covenant on Economic, Social and Cultural Rights restates this right and includes specific measures that must be taken to achieve it. The relevant parts of article 11 read as follows:

- (1) The States Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions. The States Parties will take appropriate steps to ensure the realization of this right, recognizing the essential importance of international co-operation based on free consent.
- (2) The States parties to the present Covenant, recognizing the fundamental right of everyone to be free from hunger, shall take, individually and through international co-operation, the measures, including specific programmes, which are needed:
 - (a) To improve methods of production, conservation and distribution of food by making use of technical and scientific knowledge, by disseminating knowledge of the principles of nutrition and by developing or reforming agrarian systems in such a way as to achieve the most efficient development and utilization of natural resources;
 - (b) Taking into account the problems of both food-importing and food - exporting countries, to ensure an equitable distribution of world food supplies in relation to need."

Article 11 is legally binding on the ninety-five States that have ratified it, including Iraq and a majority of the coalition States.

The International Covenant on Economic, Social and Cultural Rights also contains another human right that is directly relevant. That is the right to minimum standard of health. This right is included in article 25, paragraph 1 of the Universal Declaration that links it to the right to a minimum standard of living. The right in article 12 is, however, much more specific and lists the steps that are necessary to achieve the object and purpose of the article.

The relevant provisions of article 12 read:

- " (1) The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

- (2) The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:
- (a) The provision for the reduction of the still birth-rate and of infant mortality and for the healthy development of the child;
 - (b) The improvement of all aspects of environmental and industrial hygiene.
 - (c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases;
 - (d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness."

The obligations created by both the human rights in articles 11 and 12 are qualified and progressive. This means that States are only bound to progressively realize the human right to an adequate standard of living and health care. Nevertheless, such an obligation, at the very least prohibits both the State under whose jurisdiction the beneficiaries are and third States from taking actions that have the effect of preventing, or might reasonably be expected to prevent, respect for this human right.

Article 6 of the International Covenant on Civil and Political Rights recognizes "the inherent right to life." This right has been interpreted by the Human Rights Committee of the United Nations as including the right to be free from threats to life. This right is immediate and allows no derogation.

The right to a minimum standard of living has been reiterated in Resolution 4 that is part of the Mexico Declaration of the World Food Council from the World Food Conference of 1974 concerning policies and programs to improve nutrition.

It is also to be found in the European Social Charter. These enunciations together with those mentioned above show that the right to a minimum standard of living takes a special place among the fundamental human rights. Other rights like the right to work or even the right to democratic government have never been given the attention nor received as broad acceptance as the right to a minimum standard of living. These declarations can be considered as creating a norm of customary international law that insures individuals a minimum standard of living. The fact that numerous States, by adhering to the aforementioned treaties, have agreed to respect this human right is State practice. And the convictions of these States expressed by incorporating

are endangered by the sanctions include: the right to life, the right to the highest attainable standard of health, the right to an adequate standard of living, and protection from torture or other cruel, inhuman or degrading treatment. To protect these rights States agree to "take appropriate measures" to "diminish infant and child mortality", to ensure "necessary medical assistance and health care" and to "combat disease and malnutrition...through... application of readily available technology and thorough provision of adequate nutritious foods and clean drinking-water."

The convention was adopted unanimously by the United Nations General Assembly.

Its unanimous adoption and the fact that the provisions providing a minimum standard of living for children reiterate the provisions of the two human rights covenants of the United Nations lead to the conclusion that, especially in respect to children, there can be no doubt that this right is established customary international law.

Finally, Article 5(e) (111) International Convention on the Elimination of all Forms of Racial Discrimination and article 11 and 14 of the Convention on the Elimination of All Forms of Discrimination against Women prevent the application of the economic and social human rights in a discriminatory manner.

This prohibits both Iraqi government agencies as well as international agencies from providing assistance to only a portion of the population.

A Legal Evaluation of Effects of the Sanctions for Children

Economic sanctions, which are not under normal circumstances prohibited by international law, may become illegal when they have an 'effect' which violates international human rights law. These laws exist to protect the interests of the individual. A conflict with international law will arise when the sanctions result in the starvation or inhumane treatment of civilians or the sanctions prevent relief supplies, including food, water, and medicine from reaching the civilian population of Iraq.

To determine the legality of continuing the sanctions, requires an evaluation of the social, health and economic infra-structure of Iraq. This evaluation has been done by the United Nations and the International Study Team on the basis of accepted scientific norms and by recognized experts. On the basis of the results of this research a reasonable evaluation of the legality of the sanctions can be made in light

of the applicable international law. Like most legal evaluations absolute proof is almost impossible, what is necessary, is to determine what the effects of the sanctions are and how grave they are. This determination may lead to the conclusion that the sanctions are in violation of existing international human rights law.

The analysis can be divided into two questions:

*Whether essential supplies, especially food, water, and medicine are prevented from reaching civilians; and whether the lack of essential supplies is so severe that it violates the human right to a minimum standard of living or the human rights to food, medicine and health care.

Each of these questions is discussed below on the basis of data that was accumulated by United Nations agencies and by the International Study Team.

ad 1: whether essential supplies, especially food, water, and medicine are prevented from reaching civilians

Both the above mentioned reports evaluate the availability of food, water and medicine in Iraq. Both the United Nations and the International Study Team had access to background information that had been collected by independent humanitarian agencies, such as UNICEF and WHO, as well as records provided by the Iraqi authorities. Both studies included a thorough investigation of this information and included extensive field work. Both studies should, therefore, be viewed as substantial sources of evidence concerning the availability of food, water and medicine to the civilian population in Iraq.

Food

Before August 1990, Iraq relied on imports for almost 70% of its food supply. Between August 1990 and April 1991 less than one day's food requirement was allowed to enter the country. Iraq also depended on a government distribution system to distribute the food. In September 1990 343,000 metric tons of food were distributed. By January 1991 the metric tonnage of food had dropped to 135,000. This last figure, which reflects less than half the pre-war availability of food,

combined with a more than three hundred times decrease in imports, is extremely strong evidence that the shortages of food were due to the sanctions.

Evidence accumulated by the United Nations and presented in a well-documented report issued on 15 July 1991 concluded that the rapidly deteriorating food supply situation has brought the Iraqi people to the brink of severe famine. Similarly, evidence collected by development economists Jean Dreze and Haris Gazdar of the London School of Economics for the research project of the International Study Team led them to conclude that during the war, both private and public channels of food acquisition were comprehensively disrupted...as a result, a large majority of the population went hungry. "

In mid-1991 the United Nations forecast " even more gloomy " prospects for the supply of food due to shortages of supplies such as spare parts, agricultural equipment, fertilizers and insecticides. The International Study Team also found evidence concerning the effects of the shortages. The mortality survey carried out among more than 16,000 children in Iraq showed a substantial increase in the number of both child and infant deaths during the Gulf crisis. These figures were so startling that UNICEF, the United Nations agency responsible for protecting the health of children , had the data rechecked before it could finally accept the startling rise in child mortality that the data evidenced.

Other factors have prevented the available food from reaching the civilian population. These factors include the steep increase in consumer prices, the high unemployment, the drop in wages and the lack of materials needed to produce and distribute food. The Iraqi embargo imposed on the Kurdish population in northern Iraq also prevented food from reaching a section of the Iraqi population. Development economists Jean Dreze and Haris Gazdar accumulated field-data showing that while wages and employment have "stagnated", consumer prices have increased sharply. This led them to conclude that in terms of purchasing power over food, private incomes have dropped by a factor of 15 to 20 (i.e. to somewhere between 5 and 7 per cent of their initial levels) since August 1990 . " In other words, even food that might be available, can not be purchased by the majority of the civilian population. Lack of purchasing power to acquire food is a frequent cause of starvation in the third world, Indeed, the world food problem that has left hundreds of thousands of civilians starving in third world countries is more one of distribution of existing food stocks than of

creation of larger food stocks. In this respect the failure of the Iraqi economy, which is largely attributable to the sanctions, may be the major factor in preventing food from reaching the civilian population. finally, the sanctions have not only brought an end to much of the food imports, but also to the equipment and supplies needed by Iraq to produce its own food.

Even after the sanctions were relaxed to allow foodstuffs to be imported under a simplified "no-objection" procedure countries have been slow in responding with humanitarian supplies of food out of fear that any cooperation with Iraq might be seen as unbeneficial to their relationship with the United States. The United Nations relief programme for Iraq is also insufficient as the amount of food needed according to the United Nations itself is more than what it has been possible for the United Nations to supply in any other previous major famine relief programme .

Water

The evidence of water shortages is equally strong. The United Nations Report concluded that the "events of the Persian Gulf crisis severely disrupted the water and sanitation services" in Iraq. The supply of available drinking water decreased by nearly "three-fold" with the water that was available being of "doubtful quality."

The United Nations findings were confirmed by the more extensive study of the International Study Team that concluded that Iraq was running out of clean drinking water because chlorine reserves, at the time of the visit in August 1991, "ranged from enough for only a few days to about four weeks" and spare parts needed for repairing and operating sanitation installations were scarce.

Both chlorine and spare parts, both which are essential to providing drinking water, are covered by the sanctions and cannot be imported into Iraq without special permission from the sanctions' committee .

Medical Special

Prior to 1990 Iraq had increased its imports of foreign medicines to US\$ 500 million. Between April 1990 and August 1991 this had dropped to a level equivalent to less than US\$ 38 million per year. Despite the fact that medical supplies were never officially covered by the sanctions, many States withheld even supplies, which had been paid

for before the war with the excuse that they might violate the sanctions. For example, nearly five tons of Oral Rehydration Salt paid for and intended for Iraq was never shipped from the Netherlands because of the high duties imposed upon the shipment and the failure of the Dutch Government to permit release of the medicine. This incident is not extraordinary. Countries bordering Iraq exercised particularly strict controls on supplies going into Iraq. Turkey, for example, even refused official declarations from the United States Consulate in Istanbul as a legitimate assurance that an emergency order of medicines intended for a children's clinic in Iraq were not in violation of the sanctions.

The International Study Team, having conducted a survey of health facilities in twenty-nine hospitals spread out throughout Iraq, found that there were "serious and widespread shortages of virtually all medicines and essential supplies in all of the hospitals surveyed. These shortages included an acute shortage of vaccines and in Kut and Basrah a shortage of Oral Rehydration Salt that forced clinics in both of these cities to close. The shortages of vaccines were paralleled by an increase in "vaccine preventable diseases " which were reported at the Nassiriya and Babel paediatric hospitals.

The shortages of Oral Rehydration Salt were paralleled by a rise in the incidents of deaths due to diarrhoea and dehydration. The shortages also include medical supplies for surgery and such as antibiotics, anaesthetics, syringes and canulas. Shortages of medical supplies caused all non-emergency surgery to be suspended shortly after August 1990 and continues to force surgery to be preformed without sterile instruments.

Black Market Imports

It has been argued by United States Ambassador to the United Nations Mr. Pickering at every Security Council meeting that has considered lifting the sanctions, that sufficient humanitarian goods are entering Iraq. However, the Ambassador has never cited an authority for his assumption nor is there any collaborating evidence in any of the United Nations' or independent fact-finding reports. All of these reports indicate that there is a severe shortages of essential humanitarian goods in Iraq.

Neither do the allegations take into account the fact that the majority of civilians are dependent on the state controlled central distribution system and may not be able to purchase "black-market"

goods. These goods are usually prohibitively expensive or not of an essential character, but luxury goods, which are useless to the majority of the civilian population.

Finally, because medical supplies are not easy to sell on the black market it is probable that very little medicine entered Iraq through this channel. The only clear channel for medicines were the humanitarian agencies of the United Nations and the few non-governmental organizations operating in Iraq. However, none of these have a budget to import even ten percent of the medicines that are needed based on what was being used before the war.

Compounding Factors

The evidence of deteriorating food, water and medical supplies has been accompanied by steep increases in diseases which require excess quantities of each of these for effective treatment. Thus the real effect of the shortages must be multiplied by a factor equivalent to the additional strain on the civilian population. This additional strain is difficult to measure, but will certainly substantially increase the detrimental effect of the shortages on the civilian population. The lack of clean water for surgery is alone a critical condition that will cause a substantial increase in the number of patients that die from infectious diseases contracted in surgery. This multiplication factor will also be substantially higher for vulnerable groups, particularly children.

ad 2: whether the lack of essential supplies is so severe that it violates the human right to a minimum standard of living or the human rights to food, medicine and health care.

It has been shown above that there is strong evidence indicating that essential supplies, especially food, water, and medicine are prevented from reaching civilians. It has also been shown that the sanctions are both directly and indirectly causing shortages of these humanitarian supplies. It is now appropriate to consider whether these effects constitute a violation of the human right to a minimum standard of living, the human rights to food, medicine and health care, or the prohibition against torture or inhumane treatment.

The human right to a minimum standard of living has not been authoritatively interpreted in the treaties to which Iraq is party.

However, under the supervision procedure for the European Social Charter the European Committee of experts has provided the following interpretation of the relevant articles of the Charter:

" The term ' a decent standard of living ' means different things in different countries. Account must be taken of the fact that the socio-economic status of the worker and his family changes, and that his basic needs, which at first are centred on the provision of purely material basic necessities such as food and housing, subsequently moving towards concerns of a more advanced and complex nature, such as educational facilities and cultural and social benefits. The concept of ' decent standard of living ' must take account of the fundamental social, economic and cultural needs of workers and their families in relation to the stage of development reached by the society in which they live' it must also for the present be judged in the light of the economic and social situation of the country which is being considered." [footnotes omitted]

This interpretation of the right to a minimum standard of living appears to be in accordance with the representations of States in the United Nations.

The above interpretation illustrates that the right is subjective. States are essentially obliged to provide a minimum standard of living that is equivalent to their level of development or within their means.

Using this criteria it can be maintained that Iraq is obliged to ensure the equitable distribution of essential resources such as food, water and medicines to all civilians without distinction, including children.

Both the United Nations and the International Study Team have indicated that Iraq is fulfilling the obligation to equitably distribute its resources in the areas of the country the central government controls. Violations of this obligation, however, may occur by virtue of the embargo on humanitarian supplies going to Kurdistan. Iraq can only defend this practice if can be shown that it is impossible to provide humanitarian goods to this area.

When Iraq lacks essential supplies, although they previously might have been available, Iraq can not be held responsible for ensuring public access to these supplies. Decreases in standard of living due to shortages of humanitarian supplies is not a violation of the human right as long as Iraq does not discriminate against one section of the population.

The shortages of food, water and medicine has lead to a substantial deterioration in the standard of living in Iraq. The shortages in return are almost exclusively caused by the direct or indirect working of the sanctions.

The sanctions are preventing the restoration of the standard of living previously enjoyed. It can also be concluded that because the sanctions have the effect of causing serious deteriorations in the health care of the civilians, and in many more cases of sever malnutrition.

The right to life and the prohibition against torture and other cruel and inhumane treatment is violated when the population is deprived of resources vital to its existence. These resources include not only food and water, but also medicines and resources necessary to economic development. Because the sanctions prohibit the import of chlorine and spare parts, essential public services such water preparation and sanitation cannot be re-established to their pre-sanctions levels. These consequences together with the fact that the sanctions are being continued in full knowledge of these consequences violates the right to life and the prohibition against torture and other cruel and inhumane treatment of Iraqi civilians.

Effects Particular to Children

Children are most effected by the sanctions and these effects have been very well documented. Oddly enough, however, international law affords children more protection of their human rights than any other group of society . Because of these considerations it is appropriate to pay special attention to the evidence of the effects of the sanctions on children.

The most telling statistical evidence of the effects of the sanctions on children is the mortality rates for children under five years of age and under one year of age. In the first eight months of 1991 the mortality rate for both age groups nearly tripled. This rise is almost unprecedented over such a short period of time. It also indicates that the general level of health of the population, and thus nutrition and health care, has fallen drastically. Such a dramatic deviation from the normal level of health enjoyed by Iraqi children can be viewed as a prima facie violation of their right to a minimum standard of living.

The Responsibility of Iraq

As has already been stated, the primary responsibility for protecting the human rights of the civilian population rests on the government of Iraq. In a thorough report on Iraq's responsibility for the human rights of her citizens the United Nations Special Rapporteur of the Commission on Human Rights found that Iraq had failed to sufficiently protect some of the human rights of some of her citizens.

All of the treaties mentioned above are addressed to the ratifying State. They all create legal obligations for the government of Iraq. These legal obligations vary from requiring Iraq to do everything possible in every situation to obligations to progressively strive for accomplishment of the human rights. These last obligations are obligations of means. Obligations of means require States to use all the means at their disposal to achieve the goals of the conventions. The right to minimum standard of living, including the rights to food, water and medicine, require Iraq to ensure the accessibility of these products in so far as this is possible. Evidence of the extent of Iraq's adherence is difficult to obtain. On the one hand the American Ambassador to the United Nations has repeatedly claimed that enough of these humanitarian goods are entering Iraq or Iraq to sufficiently provide for the needs of its population and that Iraq is deliberately refusing to do so. This allegation, however, has never been substantiated with evidence. While both the United Nations and the International Study Team found that Iraq's distribution system was "administered in an equitable manner, and there is no evidence that any category of the population has been discriminated against deliberately. " On the other hand, Iraq has consciously enacted an embargo against the Kurdish population in northern Iraq. This embargo would appear to violate Iraq's international legal obligation to protect the human right to minimum standard of living of all its citizens in an equal manner. Thus a violation of not only articles 10 through 12 of the International Covenant on Economic, Social and Cultural Rights, but also of the provisions prohibiting discrimination. Iraq may only escape responsibility for these violations when it has a justification for its action that is recognized under international law.

Iraq advanced a number of arguments that under international law to defend the treatment of its citizens. Not all of the defenses concern the social and economic rights discussed here, nevertheless it is useful to deal with those defenses in general because the Special Rapporteur

did so only in short form or did not response at all. Two defense clearly recognized under international law and presented by Iraq are force majeure and necessity. Additionally, Iraq may not be responsible for human rights violations when it has expressly derogated from a human rights provision that permits derogation.

The defense of force majeure is recognized as a rule of customary international law. Force majeure can function as a justification for violations of the economic and social rights. The defense of force majeure applies when a State is unable to fulfil her international legal obligations for reasons beyond her control. Reasons beyond the control of the State may be the destruction or disappearance of instruments or items needed to fulfil the obligations or the impossibility of control over the area in which the human rights violations are taking place. The shortages of essential food, water and medicines that have been discussed above have led to a violation of the human rights of the Iraq people. At the same time, Iraq has been proven to have developed an equitable system of food distribution in the areas controlled by the central government and Iraq has made all possible efforts to rebuild necessary utilities. The major, and in some cases sole, obstacle to Iraq's further rebuilding are the economic sanctions. Because the needed food, chlorine, spare parts, and medicines are not available to Iraq, Iraq has argued that it cannot further fulfil its obligation to protect the human rights to a minimum standard of living, food, water and medicine. The fact that Iraq refuses to submit to international control, which Iraq views as a violation of its sovereignty, is not sufficient to prevent it from relying on this defense. Under current international law a country cannot be coerced into surrendering its sovereignty even when the human rights of its citizens are threatened. If Iraq did decide to accept conditions that violated its sovereignty in order to protect the lives of its civilians states coercing Iraq to such action as well as the provisions implementing the settlement would be void because they were agreed to under duress. Iraq's lack of control of the territory in northern Iraq may also serve as a ground of justification only when it is proven that it is impossible for Iraq to distribute food, water, and medicine in northern Iraq.

The defense of necessity is also recognized as a rule of customary international law. Necessity is applicable when a State acts to preserve the life of its citizens or the State. In such cases actions that would otherwise violate international law are justified. Iraq has claimed that

the necessity of restoring national security has forced the government to violate the human rights of its citizens , including the economic and social rights discussed in this report. The anomaly of such a claim lies in the fact that the justifications of necessity was intended to apply to State actions intended to protect or save the human rights of citizens when they are threatened and no other means are available. Nevertheless, under current international law Iraq is entitled to claim that preserving the State offers grounds of necessity. Such a claim is bolstered by the fact that several States have threatened Iraq with renewed military action. In such cases Iraq would be entitled to ensure the proper maintenance of its military forces even to the disadvantage of the human rights of its citizens. To date, however, Iraq has not presented evidence sufficient to show that it has no alternative to denying sections of its population food to ensure the maintenance of national security.

Some human rights, including the economic and social rights discussed above are subject to derogation. Three points are worth mentioning in respect of the right of derogation. First, the right to life and the prohibition against torture and other cruel and inhumane treatment are the only rights mentioned above from which derogation is not permitted. These rights are inalienable, and cannot be derogated from under any circumstances. For a large number of other provisions the law is unclear and would appear to permit derogation. The most notable of these is article 11 of the International Covenant of Economic, Social and Cultural Rights. However, derogation must be formally announced. The Special Rapporteur determined that Iraq has not officially announced the intention to derogate from this human right. Secondly, where derogations permitted and no procedure is established in the relevant convention it is probable that derogation does not have to be done in accordance with formal procedural guidelines because States are entitled to exercise their sovereign authority wherever international law does not explicitly impose limit.

Finally, the principles of necessity and proportionality apply to any derogation. These two principles require Iraq to have acted in as necessary to achieve a legitimate goal and in a manner proportionate to the harm that Iraq is acting to prevent. And finally, Iraq's failure to rely on a derogation clause for non-fulfilment of its human rights obligations does not preclude, or in any way effect, other defenses that Iraq has presented.

The Responsibility of the United Nations Security Council

The obligations included in the human rights conventions to which Iraq is party are directed to Iraq. The Security Council is an organ of the United Nations whose constituent instrument is the Charter of the United Nations. Article 24, paragraph 2, of the Charter requires the Security Council to carry out its obligations in accordance with the purposes and principles of the Charter. The main obligation concerning the observation of human rights is contained in the purposes in article 1, paragraph 3. These purposes are further elaborated in article 55 that contains a substantive provision of international law requiring the Security Council as an organ of the United Nations to strive for social development, the solution of economic, social and health problems, and respect for individual human rights. The international instruments containing these human rights give substance to the obligation in article 55.

Nevertheless, because of the character of human rights, the Security Council cannot be held directly responsible for violations of the human rights of the Iraq civilian population. The Security Council may, however, be subject to responsibility in an indirect manner. This may be the case when the Security Council violates the rule of non-intervention in the internal affairs of Iraq. The sanctions by limiting Iraq's "decisional sovereignty" to decide to protect the human rights of its citizens appear to violate the prohibition of non-intervention in article 2, paragraph 7 of the Charter of the United Nations.

The only justification for the acts of the Security Council is the maintenance of international peace and security. In this case this justification is not applicable because Iraq has ceased to be a threat to the international peace and security.

Despite the establishment of a violation of international law there are few remedies. States should be encouraged criticize the continuation of the sanctions and to call on the Security Council to act with respect for with international human rights law. Ultimately Iraq could appeal to the International Court of Justice in Den Haag for declaration declaring the sanctions to be in violation of international law.

The Responsibility of Other States

Not only does Iraq have obligations under the human rights

treaties, but Iraq also has rights and interests that must be respected by other States.

Iraq's rights and interests can be divided into two categories. First, Iraq has the right to be free from interference in its internal affairs. And second, Iraq has an interest in protecting the human rights of its citizens and in developing them to their full potential.

Iraq's right to be free from interference in its internal affairs stems from the law of non-intervention. This right has been discussed in part above. Traditionally, international law has recognized that a State is free to arrange its own internal affairs without outside interference. According to this principle Iraq is entitled to strive for the development of its social and economic infrastructure as well as to protect the individual human rights of its citizens. These entitlements are part of the "decisional sovereignty" which is inherent in the concept of a sovereign State. Other States, acting alone or through the Security Council, may not violate the "decisional sovereignty" of Iraq by knowingly acting to prevent Iraq from providing for sufficient food, water, medical care or development to its citizens. The existence of a legal claim based on interference with "decisional sovereignty" was supported by the Australian government in the Nuclear Tests Case.

Iraq has an interest in protecting the human rights of its citizens, because it is the State under whose jurisdiction these persons. The legitimacy and importance of a State's interests in protecting human rights has been confirmed by the Charter of the United Nations. The Charter provides that respect for human rights is necessary for "peaceful and friendly relations among nations." Other human rights instruments also require States to cooperate with each other to achieve respect for human rights. Because of this interest Iraq is entitled to ask the International Court of Justice to end sanctions because the sanctions are violating the human right to a minimum standard of living of the Iraqi population.

Claims based on the abuse of rights are more difficult due to the heavy burden of proof that is placed upon a party that must show that an otherwise legal act is illegal because of the intention of the actor. Nevertheless, if States act in a way that causes another State harm without a legitimate goal the acting States commit an internationally wrongful act. Here it is necessary to prove that the members of the Security Council, or other States who have imposed sanctions against Iraq, also satisfy two other conditions. These conditions are that the

States are aware of the grave consequences that the sanctions are having and they consciously attempt to keep the sanctions in force. Proving this violation of international law is much easier against States such as the United States and Great Britain who have publicly supported the sanctions as coercion having the goal of removing the Iraqi President from office.

States may even have a positive duty to support Iraq in the protection of the human rights of its citizens. Article 11 of the International Covenant on Economic, Social and Cultural Rights creates the clearest international legal obligation to act by recognizing the essential importance of international cooperation. Although article 11 contains only a vague obligation which is in first instance addressed to Iraq, it must also be read as requiring other States to cooperate with Iraq. At the very least other States must not take steps that would clearly prevent Iraq from insuring its citizens a minimum standard of living. If the human rights obligations are viewed as creating rights *erga omnes* then, Iraq or any other State would have a legitimate interest in ensuring that the human rights of Iraqi civilians are protected.

Conclusion

The right to a minimum standard of living, including adequate food and health care, the right to life and the prohibition of torture and other cruel and inhuman treatment are rules of international law. The evidence gathered by independent research projects indicates severe suffering under the civilian population as a result of the sanctions. Because of the severity of the suffering it appears that the threshold of international human rights law concerning a minimum standard of living and respect for life is being denied the civilian population in Iraq. In first instance it is the government of Iraq that is responsible for observing the above rules based on treaty obligations, however, because the government of Iraq is being hindered or prevented from doing so because of the action of organs or the United Nations and other States, these hard parts also may incur international responsibility.

The United Nations may be responsible for obstructing a State in providing for the human rights of its population without an overriding concern of, for example, peace and security. This duty is based on the Charter of the United Nations.

Additionally, every individual member State that contributes to this obstruction by either supporting it in the Security Council or imposing

their own sanction can be held responsible. The fact that the acts of organs of the United Nations and of particular States are viewed as legitimate by these actors, does not justify the violations of international law. And, the benefit that would accrue to the international community when the Rule of law in international law is respected, plead for an immediate lifting of the sanctions against Iraq for all commodities not of an obvious military nature and the implementation of an emergency aid programme that will allow Iraq to meet its obligations to its own population. Additionally, Iraq's own human rights obligations require Iraq, in the absence of a proven justification, to immediately end its embargo on goods going to northern Iraq.

[Annex II]

The Protection of Children in Armed Conflicts

Perhaps the most vulnerable group of civilians are children that find themselves in a war zone. During an armed conflict they are frequently at the mercy of the armed forces. Nevertheless, the great majority of children are not direct participants nor are they trained to take part in combat.

Articles 19 and 37 of the Lieber Code promulgated by the United States on 24 April 1863 declare that children should not be made the subject of attacks and that they should be removed from the proximity of armed conflict when possible. Article II (e) of the Genocide Convention of 1948 forbids the forcible transfer of children of one national, ethnic, racial or religious group to another.

The Fourth Geneva Convention also includes numerous provisions especially attuned to the protection of children. Because all the states that were involved in the Gulf war are parties to this Convention it creates international legal obligations which applied during the Gulf war. The relevant provisions out of the Fourth Geneva Convention are:

- * Article 14 : providing for hospital and safety zones for, among others, "children under fifteen " and their mothers;
- * Article 16 : calling for "particular protection and respect" of expectant mothers;
- * Article 17 : obligating states to evacuate children and maternity cases from besieged or encircled areas;
- * Article 23 : obligating states to allow the free passage of " all consignments of essential foodstuffs, clothing and tonics intended for children under fifteen, expectant mother and maternity cases";
- * Article 24 : stating that the parties to the conflict "shall take the necessary measures to ensure that children under fifteen, who are orphaned or separated from their families as a result of war, are not left to their own resources, and that their maintenance, the exercise of their religion and their education are facilitated in all circumstances:'

- * Article 38(5) : stating that "children under fifteen, expectant mothers and mothers of children under seven shall benefit by preferential treatment to the same extent as the nationals of the State concerned" . Additionally, articles 76 through 78 of the First Geneva Protocol state obligations for states bound to them. These obligations are:
- * Article 77 : on the one hand protecting children against indecent assault and recruitment before the age of fifteen years, and on the other hand, requiring that children who do take part in hostilities benefit from special protection, be held in separate quarters from adults or with their family, and that the death penalty not be carried out against children younger than eighteen years of age.
- * Article 78 : prohibiting the arbitrary evacuation of children to another country and if evacuation takes place requiring an elaborate registration procedure.

The provisions of the 1977 Protocol, although they were not legally binding on Iraq, may have created legal obligations for States who were party and who participated in the coalition's attack against Iraq.

A number of the provisions in the Fourth Geneva Convention and First Geneva Protocol are repeated in the Convention on the Rights of the Child from 1990 . 76 These include, for example, the right to family reunification, the right to preferential treatment in the distribution of humanitarian assistance and protection from mistreatment. These provisions have undoubtedly acquired the position of customary international law. Other provisions such as the duty of states to take all feasible measures in order that children under sixteen do not take part in hostilities and to implement (and not obstruct) measures promoting the physical and psychological recovery from disasters such as war, which are only protected under human right law, may have acquired the status of customary international law.

These rights, which are specifically intended to give children extra protection, must be read together with the more general prohibitions against bombing civilian sites and the destruction of objects necessary to the survival of the civilian population.

Unfortunately, few procedures or bodies exist to control abuses of these rules. The few procedures that may prove partially effective if

utilized by states are: (a) the creation of protection zones and (b) the reports of the Fact-Finding Committee established under article 90 of the First Geneva Protocol.

The Conference of Humanitarian and Non-Governmental Organizations.

Held in Baghdad, from 28-30 April 1992

FINAL STATMENTS

Stemming from the commitment of human rights and taking into consideration the suffering of the Iraqi children due to the shortages of food and medicine, and responding to the invitation extended by the Arab Emergency Health Committee (AEHC) , the humanitarian and NGOs conference was held in Baghdad under the patronage of president Saddam Hussein during the period 28-30 April 1992 under the motto **"SAVE THE CHILDREN IN IRAQ "** . The Conference was attended by representatives of humanitarian organizations concerned with human rights . The participants of the Conference met to study the suffering conditions of Iraqi children due to the economic sanctions and the damaging war consequences which threaten their life with danger and annihilation . The convening of the conference came after the series of consequences resulting from the sanctions, which threaten the lives of thousands of Iraqi people with death and the spread of epidemic diseases and malnutrition .

The participants in the conference studied the painful conditions which the Iraqi children in particular , and the Iraqi people in general suffer from .

In the light of the studies, researches and papers presented at the conference , and after a field reviewing of these conditions and having a close out look at the results of these suffering particularly in the light of the health , economical and environmental situations which Iraq is passing through and which the Iraqi people suffer from following the Gulf War and the embargo which started before August 1990 and resulted in a lack of basic life requirements and the civilian minimum necessary needs in addition to the war atmospheres , which led to the destruction of the national infrastructure and basic life services at the forefront of which being the food and medical requirements, health , educational and cultural institutions in addition to the contamination of the water resources and the disruption in the water purification stations .

In the light of the above-mentioned facts, the participants find that the Iraqi people and children suffer from deteriorating humanitarian

situation and saving Iraqi children from death diseases and imminent starvation which far more than the capabilities of the humanitarian organizations taking part in the conference inspite of the significant contributions which these organizations make-out their modest capabilities . This situation requires to concentrate efforts on the international community and the participation of the humanitarian organizations concerned with children and human rights and health to confront this human catastrophe and strive to save the Iraqi children in line with the commitments international conventions and human rights and as affirmation of the human concerned efforts to defend human rights particularly, the right to live and the right to survival and to protect human beings from diseases and epidemic .

The various local, regional and international organizations have to act seriously to save the children of Iraq from the dangers of starvation, diseases , and environmental pollution .

The conference dealt with the topics of environment , water , health , food , physical deformations, psychological diseases and the severe shortage in diagnostic and treatment radiology and in the materials used in laboratories anaesthesia and intensive care (attached are papers about the children and their suffering) . Bearing in mind that the deliberations and the papers and researches submitted to the conference ; having seen from close quarters the reality of the suffering of the Iraqi children; taking into consideration the reports submitted by specialized independent international and humanitarian organizations which emphasized the immense scale of the catastrophe ; and recognizing the importance of the role played by the organizations they represent ; the participants in the conference think that tackling the catastrophic situation which threatening human being and the environment, cannot be done but through lifting the economic sanctions on Iraq to enable it to provide the requirements of life and survival to its people particularly children . The embargo on food and medicine should immediately be lifted . The world declaration for the several protection and feeding of children , children rights convention , the World Health Organization (WHO) resolution issued on 8 Oct. 1991 and the coventions & agreements relating to human rights are not in their principles and contents compatible the continuation of the embargo on Iraq . The conference attracts the attention to the importance of presenting these facts to world public opinion and mobilizing world mass media to attract the attention of world public opinion to these dangers and encourage the

international community to shoulder its human responsibilities in acting quickly to lift embargo from Iraq .

While the participants declaring their full commitment to all International conventions which protect children and maintain their rights and while expressing their full solidarity with the innocent Iraqi children , victims of this damaging catastrophe, the participants of the conference reaffirm their determination to spare no effort in providing Iraqi children with the aid which such organizations can give in terms of food and medicine and to continue their efforts on the local , regional and international levels to save the children of Iraq by lifting the economic sanctions .

The Recommendations of the Non-Governmental Organizations Conference held in Baghdad, from 28-30 April , 1992

- 1 - Bearing in mind the importance of the researches and studies discussed in the conference, the participants entrust the Arab Emergency Health Committee to publish these papers in the English, and Arabic languages and distribut them to all International Organizations concerned with children and human rights .
- 2 - Entrusting the Arab Emergency Health Committee , being a coordinating body to find an effective mechanism to follow-up the recommendations of the conference and to act on the international level in cooperation with regional and International Organizations to inform the world public opinion of the real and direct dangers threatening the lives of hundreds of thousands , of children because of the food and medicine embargo and to encourage these organizations to work towards saving the children of Iraq .
- 3 - Stemming from the important humanitarian role played by the non-governmental organizations, the participants in the conference call upon all NGOs who are active participants in the conference and those who are observers to work according to their own capabilities to lift the economic sanctions from the Iraqi children and people .
- 4 - The Participants in the conference express their appreciation of the humanitarian role being played by the Arab Emergency Health Committee in its efforts to provide food and medical aid to the Iraqi children as part of the humanitarian objectives adopted by the committee and its efforts in convening this conference .

N.B

All information , studies and views in the researches submitted to the conference are of writers point of view .

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Arab Emergency Health Committee

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1 - Social Services

I - Title

(تمت الفهرسة بمعرفة المكتبة الوطنية)

This book contains several valuable researches and field studies about the effects of the embargo on the Iraqi people in general and their children in particular, regarding the topics of Food , Health , Medical situation , Human rights and Environment.

These researches were submitted to the Non-Governmental Organizations Conference which was held in Baghdad - Iraq , between 28-30/4/1992 , and was organized by

*Arab Emergency Health Committee (AEHC)
under the motto*

" SAVE THE CHILDREN IN IRAQ "